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CONTRIBUTORS

Fordyce H. Benedict, M. D., Weedsport, N. Y.
W. S. Birge, M. D., Provincetown, Mass.
O. E. Black, M. D., Wilsonville, Ala.
C. E. Boynton, B. S., M. D., Los Banos, Calif.
G. G. Burdick, M. D., Chicago, Ill.
J. A. Burnett, M. D., Little Rock, Ark.
H. T. Byford, M. D., Chicago, Ill.
J. J. Caldwell, M. D., Summit, N. J.
Geo. H. Candler, M. D., Chicago, Ill.
F. F. Casseday, Ph. B., M. D., Rosemount, Minn.
H. J. Chadwick, M. D., Grand Rapids, Mich.
D. S. Coles, M. D., Wakefield, Mass.
J. W. Crismond, M. D., Anderson, Ind.
J. A. De Armand, M. D., Davenport, Iowa.
Guy G. Dowdall, M. D., Clinton, Ill.
F. C. Drenning, M. D., Duluth, Minn.
J. R. Etter, M. D., Crawfordsville, Ind.
C. P. Farnsworth, M. D., Madison, Wis.
H. Gasser, M. D., Platteville, Wis.
S. K. Gewergez, M. D., Maragah, Persia.
H. A. Giltner, M. D., Chelsea, Ind.
A. C. Gore, M. D., Hohenlinden, Miss.
W. H. Gray, M. D., Michigan City, Ind.
R. B. Hopkins, M. D., Milton, Delaware.
B. M. Jackson, M. D., Omaha, Neb.
R. B. Leach, M. D., St. Paul, Minn.
W. S. Leech, M. D., Brooten, Minn.
T. H. Manley, Ph. D., M. D., New York City.
A. J. Mann, M. D., Evermay, Ga.
W. T. Marrs, M. D., Jewett, Ill.
R. L. Meek, M. D., Dallas, Texas.
C. C. Miller, M. D., Chicago, Ill.
O. G. McCauley, M. D., Ora, Iowa.
D. MaGuire, L. R. C. P. Edin, Templeboy Co., Sligo, Ireland.
C. E. Patterson, M. D., Grand Rapids, Mich.
R. St. J. Perry, M. D., Farmington, Minn.
J. A. Pratt, M. D., Aurora, Ill.
M. G. Price, A. B., M. D., La Follette, Tenn.
E. G. Rappold, LL. D., M. D., Adairville, Ky.
A. J. Shore, M. D., Sailor Springs, Ill.
Byron Robinson, M. D., Chicago, Ill.
R. J. Smith, M. D., Smithfield, Utah.
H. Speier, M. D., Rochester, Minn.
R. M. Sterrett, M. D., New York, N. Y.
F. G. Thomason, M. D., Kissimmee, Fla.
J. P. Thorne, M. D., Janesville, Wis.
F. S. Tripp, M. D., Pleasant Hill, Ky.
E. L. Ward, M. D., Starrucca, Pa.
J. L. Wolfe, M. D., Cedar Falls, Iowa.

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LEADING ORIGINAL ARTICLES.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 405, Dec. Recorder.)

INGROWN TOE NAIL.

This is a very common and annoying condition, which can be radically relieved by a simple minor operation under local anesthesia.

These patients, as a rule, have tried a number of simple commonly known methods to secure relief, without success, so that when they consult a trained physician they usually expect radical relief if possible to secure it.

Years ago, in bad cases, the entire nail was removed, hoping that it would be possible to train it better than the affected one so that the annoying condition could be avoided. This operation is not to be recommended today, as we have simpler and more effective measures.

The operation of Anger, as illustrated in the first three cuts, is one which aims to remove that portion of the nail which is causing the trouble, and then at the same time its matrix as well, if possible, so that the depressed border will not again grow out. This operation can be done very nicely with cocaine anesthesia. The circulation of the parts is to be cut off by a tight ligature around the base of the toe. A rubber cord can be drawn tightly about the toe and clasped with hemostats or tied, or even a strip of bandage tied tightly will serve to attain the end desired.

By the bandage or ligature the circulation is cut off, minimizing the dangers of the cocaine solution, and facilitating the operation by giving a bloodless field.

Cocainization can be accomplished with an ordinary hypodermic syringe. It is well to sterilize the hypodermic if it has been in use in general practice. This can be done nicely even if it possess leather washers and piston, by drawing it full of a four per cent. formalin solution and then allowing it to soak in a four or five per cent. carbolic acid solution. This latter solution can be used to sterilize the other instruments needed, if boiling be inconvenient. They should remain in the solution from twenty to thirty minutes.

The injection of cocaine can be

commenced at any part of the field of operation, although it is best to avoid the region around about the base of the nail in the beginning, as this point, if noted by the patient, will be peculiarly distressing to him. The needle should be inserted only well into the skin, then a drop of cocaine forced out. This drop will project beyond the point of the needle and render the parts insensitive, so that the needle can be pushed onward without causing pain. It should progressively render the parts insensitive in front of it until the entire region to be operated upon has been infiltrated. Strengths of cocaine can be used varying from one to four per cent. For my own work I prefer the stronger solution. The patient should be in such a position as to render it impossible for him to observe any of the operative steps.

A five minutes' interval can elapse before commencing the operation, if the stronger cocaine solution is injected in small quantity. This will allow the benumbing effect of the cocaine to become active. During this time the parts can be thoroughly cleansed. The entire foot should be washed and wrapped in a towel. Then particular attention should be given the toe affected.

Where granulating and suppurating raw surfaces have been caused by the nail, the parts should be treated to the use of strong antiseptics after the cocaine has been used. The granulations should be scraped away and a strong antiseptic applied. Ten per cent. silver nitrate solution or 1-500 bichloride may be used. These are to be washed away before commencing the operation.

In the Anger's operation the flap is cut with a sharp scalpel, allowing the incision to become superficial, as the base of the nail is reached. The incision through the nail is made and then an attempt made to secure every vestige of the nail by avulsion, or tearing it away. Diseased tissues are to be cut away and the parts compressed with a hot sponge after the ligature at the base of the toe is loosened.

Any spurting vessel can be controlled by torsion with a pair of small mouse-toothed forceps. The parts are then approximated as in cut 3 by sutures.

Cotting's operation is illustrated in cuts 4 and 5. Here the nail is not troubled at all. The flesh which has been crowded over the nail is cut away along the dotted line marked in cut 4. By allowing the raw surface to heal by granulations we have the condition illustrated in cut 5. The operation is simple and effective and is to be preferred to the one first described.

The granulating surface takes some time to heal and in order to avoid this latter objectionable feature, I have been in the habit of forming a flap as in cut 6, being sure to carry the incision well back to the base of the nail. Then with scissors the flap so formed is trimmed until nothing but skin remains. This skin is then sutured over the raw surface, or a greater part of it, and will in many cases markedly shorter the time of healing.

The patient is to be warned after the operation as to the necessity of avoiding cramping the toes as the opposite foot or the opposite side of the affected toe may become the seat of similar trouble in aggravated cases.

(To be continued.)

In cases of rhus poison don't forget an application of alum. It has never been known to fail to cure.

When blood is coagulated in the bladder inject a solution of bicarbonate of sodium and it will soon dissolve all clots.—J. A. Burnett, M. D., Little Rock, Arkansas.

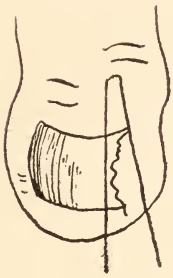


FIG. 1.

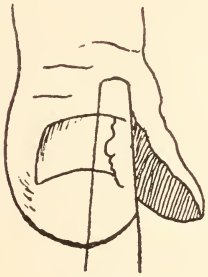


FIG. 2.

FIG. 3.

FIG. 4

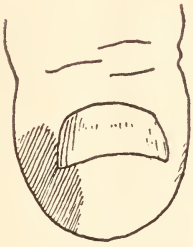


FIG. 5.

FIG. 6.

FIG. 7.

TRAUMATIC INFLAMMATION.

By Thomas H. Manley, M. D., Ph. D., New York.

A Clinical Lecture Delivered at the New York School of Clinical Medicine, July 13, 1903.

SECOND LECTURE.

The greatest minds in our profession from its earliest history have been exercised in the study of the phenomena of that pathological condition, designated inflammation, a term which only defines its clinical manifestation, or rather its sensible qualities; and yet this term cannot be well replaced, though some pathologists of late years have substituted the word "infection" on the assumption that marked caloric changes occur in the tissues only on the admission of pathogenic germs; but this theory is certainly untenable and is lacking in scientific support.

In all truth it must be confessed that the precise histological, pathological and chemic changes, in tissues the seat of inflammation are yet largely a matter of conjecture; we well know their consequences, but of themselves we know little.

Exclusive of new growths and the palsies there are but few pathological conditions calling for aggressive surgery in which at some time inflammatory changes have not played an important role.

Travers well epitomised the importance of the subject, when he declared "that a knowledge of the phenomena of inflammation, the laws by which it is governed in its course, and the relations its various processes bear to each other, is the key-stone to medical and surgical science."

It is well, therefore, that we review in a few words some of the dominant features of this phase of disordered nutrition when it solely depends on mechanical causes.

Perhaps the best example of it we discover in injuries of the limbs in joints, in sprain and in fracture.

A limb has sustained a violent blow or twist, this is at once followed by two things: first great pain, and next loss of function; concurrently with this the action of the heart is effected in force and frequency.

The phenomena following severe trauma of a member may be studied with great interest in the webbing of a frog's foot under the microscope. The first thing we note is the slowing up of the vascular tide with a total arrest of the blood corpuscles in the smaller capillaries. Soon the process of diapaedesis begins with large migration of the leucocytes through the capillary walls. If we follow the changes from day to day, we will note the gradual passing off of stasis, the re-opening of the empty collapsed lumina of the vessels and the re-establishment of the circulation.

The dominant changes here have been vascular with vaso-motor influence, the most pronounced feature.

And so it is in the average severe local trauma in the human being, the first and most conspicuous change resulting is noted in the circulation, the vitality of the limb is threatened, there is a local stasis, the vessels fail to fill, the limb is pale and cold: there is almost suspended vitality. The next change we observe is after re-action has set in, when excessive vascular action is noted: we have hyperaemia, congestion, there is a large transudate from the vessels into the connective tissue spaces.

This intumescence may resolve itself, resorption may set in and all traces of pathologic change vanish.

When, however, the extent of damage has been considerable, when there has been a disintegration of highly organized parts as the osseous, muscular or nerve tissues, we must have repair, and this is impossible without some

degree of inflammation. The advent of acute inflammation is announced by intensified pain, with thermal rise and augmented vascular action. At this stage the lymphatic vessels take on increased action, and the exudate into the tissues is of a fibro-plastic character.

In the healthy individual, when the main blood trunks are intact, after a varying period of time, the inflammatory blaze will burn itself out; the damaged disintegrated tissues have been softened, disintegrated, reduced to their primitive elements and resorbed, their loss has been replaced by newly augmented elements, all the hyperplastic residue of inflammation have disappeared except those essential for repair. These remain to organize and take on the characters, anatomically and physiologically of the parts which have suffered loss.

Local inflammatory states following injuries very generally yield in a most gratifying manner to an intelligent therapy.

The most substantial proof that a rational line of treatment has been established will be a mitigation of the symptoms; of all things a mitigation or abolition of pain. The persistence of aggravation of pain is usually a monitor that something is wrong in the local treatment.

In the treatment of inflammation rest occupies a place of prime importance. The injured limb should be placed in such a position as gives the most comfort. The choice of warm or cold applications must be governed by their effects; we should only guard against the evil of falling into routine, and clapping an ice-cap on to any inflamed part, as though cold were a specific antidote to inflammatory action Dressings impregnated with various medicated solutions exercise a most salutary influence on parts the seat of acute inflammatory action.

Among the most useful are carbolic acid 1 to 50, pure alcohol, camphor spirits, laudanum and arnica.

In many, a snugly adjusted bandage gives great comfort.

Local depletion by leeching, acupuncture or scarification of late years has fallen into unmerited disfavor. The abstraction of blood is one of the most potent remedies known, judiciously utilized in this pathological state.

While we bestow proper attention on the local parts, we will not neglect our patient's general condition: the hygienic surroundings, nursing, diet and medication.

We should guard against constipation, and yet be cautious not to provoke anything like looseness. In the matter of nutrition, I believe one of the greatest vices of our time is the custom of stuffing our patient or forcing him to feed on any fixed dietary.

We had better leave this to his own instinct and let him eat what he likes and when he likes. There is nothing which the average hospital patient so much dislikes as the monotony of diet—so to speak—so generally the rule in all institutions. One craves for his sauer kraut, another, stirabout, another again, his roast beef and ale. One of our patients with a very bad compound femoral fracture, kept up a loud clamor for "pig flesh." I learned that he meant bacon or salt pork. This was while he was running a high temperature. It was ordered and eaten with great relish, very much to his advantage.

Better, far better, very light diet than that taken under duress, or in quantities far beyond the patient's power to assimilate.

* * *

Cornus florida is a good substitute for quinine and should be used in all cases where quinine is not well tolerated.—J. A. Burnett, M. D., Little Rock, Arkansas.

MYXEDEMA.

By Fordyce H. Benedict, M. D.,
Weedsport, N. Y.

A few months ago a case came under my observation which, if not true, myxedema, in many respects closely resembled it.

As the disease is of such rare occurrence in this country, a brief description may not be uninteresting to the profession.

The subject was a man about 50 years of age weighing about 220 pounds. His habits for the last 16 years had been extremely temperate, though previous to that time he had for a number of years freely indulged in the use of intoxicants, principally beer, as he was employed in a brewery at that time. During these sixteen years he was engaged as deputy postmaster in this town and had almost the entire management of the office, the making up and distribution of the mails as well as the financial part of the business. Being a man of extremely pleasant manner and even temperament he never refused any services required of him and in all that time of sixteen years of hard labor he never had any vacation of more than a few days at a time. During the last year he began to show signs of mental and physical weakness, though not so marked as to cause any apprehension on his part or that of his friends.

When he first consulted me he complained of nervousness, inability to rest well, and said his mind did not seem so clear and active as usual. At that time he had the appearance of a man overworked, anxious expression, muscles of the face drawn and unusual pallor.

Also his movements were somewhat irregular, slight trembling of the hands and gait not quite steady. He said he could not reckon a column of figures as rapidly and accurately as formerly and often found his accounts mixed in statement. After examining his condition I diagnosed his case as one of overwork, mental and physical debility resulting therefrom. I recommended above all complete rest from labor of all kinds for a period of at least six months. That he said was an utter impossibility and insisted on my prescribing medicine for his case, which I accordingly did, but with little hopes of any benefit. At times he would seem to be improved, but it was only temporary and he would gradually grow worse till finally he was obliged to discontinue going to the office entirely.

To those who have never had a case of myxedema a description of the symptoms of the disease may not be uninteresting. On first looking at him the most marked symptom was the expression of the face, that drawn, pinched expression as though the cheeks on either side were firmly compressed and hollowed in with the resultant dependant condition of the tissues below, as they were forced and hanging slightly down below the lower jaw. Also the eyes were dull and expressionless and eyebrows corrugated and drawn closely together. His speech was exceedingly hesitating, no sentence was complete; he would commence talking in a hurried jerky manner and after a few words would halt and look around on those present in the most anxious way, as though seeking assistance in forming the rest of the sentence. He often used the wrong words for things, though as soon as he did so he was conscious of it but could not get hold of the right words to express what he meant. On being asked to write a sentence he would write in a hasty jerky manner, and after a few words would say: "I guess I can't do it—I can't think." Unlike most cases of myxedema there was very little, if any, dropsical condition but only that firm inelastic feeling to the skin which is peculiar to the

disease. The tone of voice was wanting entirely in volume, dry and husky and always in a monotone. Co-ordination was interfered with and he walked with feet wide apart and often staggering. An hour after eating he could not remember what he had eaten or that he had eaten at all. Names of persons and past events he seemed unable to recollect and realizing the condition of his mind his emotions were often excited and tears would roll down his cheeks.

The patient being in this condition I was in some doubt whether it was softening of the brain or really myxedema. Accordingly I called in consultation Dr. Van Duyn, of Syracuse, and after the consultation it was decided it was the latter disease and we began treating him accordingly.

Five grains of thyroid extract was given three times a day and his condition closely observed. Improvement began almost from the beginning of the treatment.

The most pronounced symptom the first month was a change in his mental condition. He soon began to converse in an intelligent manner and ceased curtailing his sentences. He began taking walking exercises each day, lengthening the distance till in a few weeks his endurance was such he could walk several miles at a time. Also his expression began to improve, the hollowness of his cheeks disappearing, his eyes assuming a brighter appearance and at the present time he seems on the way to a certain restoration to health.

It seems almost impossible that disturbance of function in an organ, which has until recently been considered of so little importance in the system, should cause such utter disorganization in the entire economy of this intricate machinery built up in the shape of a man. It seems certain that this organ must supply to the system some essentials necessary to the maintenance of perfect health. It is supposed to be a hematopoietic organ and contains a colloid matter composed of a proteid and a non-proteid substance, also phosphorus and iodine as well as a certain form of albumen. An organ so insignificant in size must be capable of great activity to produce such material benefits in maintaining the balance of functional activity throughout our organization. When we consider its structure made up as it is of an intricate network of veins and arteries ramifying through its superb system of cell structure, we can realize its life giving power and form a true estimate of its importance in the system.

If the thyroid gland is removed a condition similar to myxedema develops, but not always; in fact it has been found the majority of such operations are not followed by this result.

What then would we infer from this?

Is the thyroid gland when its functional activity is disturbed capable of producing a toxine deleterious to health or is merely the withdrawal of its accustomed nutriment furnished to the body capable of producing such disastrous results?

It has been stated that thyroid substance has been found in other parts of the body. and if it is so it would account for the fact that myxedema is not always developed when the gland proper is removed and that this accessory substance is capable of performing the functions formerly possessed by the thyroid gland.

Fortunate it is that the experiments of specialists have discovered a means of correcting the functional disturbances in this important organ and rendering a restoration to health possible by therapeutic means.

* * *

Hepatic disorders may cause a hypochondria, suggesting uterine disease to the patient.—Dr. C. E. Boynton, Smithfield, Utah.

PUERPERAL FEVER.

FROM THE STANDPOINT OF A GENERAL PRACTITIONER.

By R. B. Hopkins, M. D., Milton, Delaware.

Fevers following childbirth are not so often met with now as in the past. They do, however, occur under the care of the best physicians and under seemingly the most favorable hygienic surroundings.

Authorities seem to agree that the cause of infection is faulty technique, either from the hands of the physician or negligence by the nurse. Should this be accepted as absolute and the same impressed upon the minds of the laity the physician and nurse wonld occupy a very unenviable position and the remuneration received from the treatment and nursing of parturient women would not compensate for the risk taken. It is oftentimes difficult if not impossible to understand when called to a case where the surroundings are unsanitary and the bed and bedding filthy—when, perhaps, the patient has not taken a bath for six months and when the labor has been a most difficult one—to escape without infection. The only explanation I can give that she did not become infected is that the germs were not there to infect. If not exposed to smallpox you will not become infected with smallpox. However, it is not my intention to argue the case further but rather to give symptoms and discuss the treatment.

You are called to see a case where a woman was confined five days ago. You did not attend her, therefore no fault is laid to you. The nurse's statement is: "All went well until the fourth day when suddenly patient was seized with chill followed by fever and a profuse sweat." You find her with a temperature of 103°. There is tenderness over abdomen, especially on right or left side over region of ovaries. On palpation you detect a small tumor, which is the enlarged ovary. Tympanites may be present or absent. The woman's countenance is pallid, indicating that she is suffering from septic intoxication. The skin is moist, the muscles relaxed and flabby, the least exertion causes her to perspire freely and she complains of being tired, the breathing is shallow and hurried, the heart's action feeble. These are symptoms which the physician dreads, and well may he.

We have here a case of streptococcus infection. Upon a speculum examination you find, the neck of uterus congested and a sanious discharge mixed with pus oozing from the os.

If you have seen the case early and the infection has not extended to the fallopian tubes and the ovaries imbedded in a mass of cellulitis the patient stands a chance of recovery without a surgical operation. If the case has progressed for three or four weeks, fever continuing, you will probably find the uterus bound down by adhesions and pus formed in the posterior cul-de-sac.

I will not go further with the symptoms as the case then comes under the care of the surgeon, although in extreme cases when a surgeon can not be consulted the general practitioner should open and drain the abscess cavity.

What can we do in the early stage of the disease to arrest and probably avoid the unhappy termination of these cases? First, under strict antiseptic precautions the vagina and uterus should be washed out with antiseptic solution. A silver catheter bent to the proper degree attached to rubber tubing and a fountain syringe will answer the case. Creolin, one drachm to the quart of boiled water makes a mild antiseptic solution (strong solutions should not be used),

then mop out uterus gently with the following:

℞ Tincture iodini, ʒj
Acidi carbolici, ʒss
Glycerine, q.s., ℥iv

A tampon saturated with the above also is inserted to the os and allowed to remain from six to twelve hours. On following day remove tampon and use warm antiseptic douche of creolin. Renew tampon and repeat this for several days.

Hot turpentine stupes over abdomen greatly assist in combating the beginning cellulitis. Give saline cathartic to drain the mesentary and pelvic viscera, sufficient opium to quiet patient and with these remedies it is probable you will succeed in aborting a very unpromising case of puerperal fever.

There are other cases having symptoms somewhat similar yet the beginning is more abrupt. The symptoms develop within thirty-six or forty-eight hours. The patient is seized with chill followed by fever ranging from 105° to 106°. The abdomen is distended and quite tympanitic. The skin is dry, the lips parched, headache and delirium. We have here a case of saprophytic infection due to the germs of putrefaction. The vaginal discharge in this case is very offensive. You detect the odor on your first entrance in the sick room, and if compelled to handle the case you will have reason to remember that one scrubbing of the hands will not suffice. In this case our first thought should be to reduce the fever. Cold sponge bath with the internal administration of acetanilid 10 grains in one ounce of good whiskey will usually succeed, after which the treatment followed in the previous case may control or cut short the infection.

Too much stress cannot be laid to the meddlesome interference with the curette. The mildest means are the best. Should of course, any fragments of placenta remain they should be gently removed, and the finger in these cases is the best curette. Should the case not have terminated in pus formation outside of uterus, yet by persistence with the douche and the application once or twice a week of the iodine and carbolic solution the case usually terminates favorably. Tonics should not be forgotten and quinine in small doses should be given throughout the disease.

HEPATIC ABSCESS.

By J. L. Wolfe, M. D., Cedar Falls. Iowa.

A circumscribed collection of pus within the substance of the liver is comparatively rare. Usually single, there may be two or more separate abscesses which vary in size, from a few lines in diameter to enormous cavities holding a gallon or more of pus. They may be deep or superficial, and while no portion of the liver substance is exempt, the most frequent location is in the deeper portions of the right lobe.

Causes.—Contusions lacerations, penetrating wounds and the lodgement of foreign bodies are among the traumatic causes of suppurative inflammation of the liver. Laceration of the capsule along the attached portion of the suspensory and coronary ligaments, not only leads to peri-hepatic abscess, but may induce suppuration in the deeper portions of this organ.

Foreign bodies causing hepatic abscess, not only enter through the integument, but ingested substances as bones, needles, etc., have been known to pass from the alimentary canal into the liver, producing circumscribed inflammation and suppuration. Abscess of the liver may also occur secondary to an inflammatory process in any of

the abdominal organs, the blood from which is returned by the portal vein. It also may occur in the course of acute hepatitis where neither injury nor metastasis has occurred. As this disease is almost altogether confined to tropical climates, it will be understood why hepatic abscess is so much more frequent there than in the colder zones.

Symptoms and Diagnosis.—The early recognition of hepatic abscess is exceedingly difficult, especially, when the deeper portions of the organ are involved. Pain is not a prominent symptom, unless there exists a perihepatitis, in which case it is exaggerated. There is a sense of heaviness or fullness about the liver, exacerbations of temperature occur with general impairment of health. Jaundice is not present unless the bile-duct is compressed by the tumor. Cancer of the liver developes slowly, has a history of progressive emaciation, occurs usually after forty years of age and is nodular, (a rounded mass of irregular shape) to the feeling.

Empyema may be mistaken for abscess of the liver, especially when the accumulation is considerable, and the liver is displaced downward. It may be recognized by the interference with the expansion of the lung of the affected side, by the change in the percussion sounds with the change in position of the thorax in which the fluid of empyema is displaced.

Over-distended gall-bladder may be mistaken for abscess, but this error may be eliminated by bearing in mind its location in front and low down where abscess is exceedingly rare, and also by observing that a distended gall-bladder is appreciably movable independently of the liver.

Hydatid cyst of the liver is not painful, and is not accompanied with exacerbations of temperature, with the exception of the very rare occurrence of inflammation of the cyst, when a differentiation is practically impossible, without aspiration and the examination of the fluid. Where the accumulation of pus is considerable, the tumefaction may be recognized by palpation and the diagnosis made positive by the exploring needle. The prognosis is unfavorable. Left alone, a fatal termination occurs in almost all cases by rupture into the peritoneum in about thirty per cent, into the lungs in twenty-five per cent, while in a smaller proportion of cases the abscess open through the integument.

Treatment.—Evacuation is the only rational treatment. In the choice of methods, the character of the abscess will determine the employment of the aspirator or drainage by incision. Aspiration is advisable when the abscess is deeply located, and especially so when strong inflammatory adhesions have been formed between the walls of the abscess and the abdominal or thoracic parietes. In performing this operation the following plan should be adopted:

The most superficial point of the abscess should be located by careful exploration with the smallest aspirator needle, and the thickness of the intervening tissue measured. In using the evacuator, it is necessary to have a good sized needle to prevent solid particles or sheds of tissue from the abscess wall from occluding it; but it is always safer if firm adhesions have not occurred, to employ the smaller points, since after the needle is withdrawn, pus is not so apt to escape and find its way into the pleural cavities. The needle should be introduced in the same opening, and to the same depth as the exploring needle, and the pus slowly withdrawn. It is considered a safer plan by some surgeons, not to entirely empty the cavity at the first operation. The procedure should be repeated on the second or third day.

A piece of sublimate gauge should

be laid over the puncture and held in position by a roller. When after repeated use of the aspirator a cure is not affected, and when the tissues between the most superficial portion of the abscess and the integument have been so solidified by adhesions that infiltrations of pus cannot occur, the abscess should be opened by direct incision, its contents allowed to escape, the sac thoroughly irrigated with 1-5000 sublimate, and a drainage tube inserted.

If after cutting down to the walls of the abscess it is discovered that adhesions have not occurred, the sac should not be opened. The wound should be packed with sublimate gauze, and in four or five days after adhesions have been established, it may be incised.

LOBELIA INFLATA

By J. A. Burnett, M. D., Little Rock, Arkansas.

Lobelia inflata is a native of the United States and is one of our most useful remedies. It is claimed by some that lobelia was first used by the indians and by others that it was first used by Samuel Thomson. There is no reliable evidence to prove that this agent was ever used before Thomson used it. Some of Thomson's enemies in order to cheat him of the honor of bringing this agent into use claimed that it had been used by the indians while others claimed the agent was a deadly poison, and to this day of enlightenment prejudice against this agent and its discoverer exists. Many of the so called authorities say that it is a dangerous agent and warn physicians of ever using it for children. The prejudice against this remedy and its discoverer should be forever laid aside and honor give to whom honor is due.

Lobelia is a non-toxic agent and was first used by Samuel Thomson. It will more thoroughly relax the body then any other agent without doing harm and when the body is thoroughly relaxed and almost unable to move is when poor observers think the remedy has poisoned the patient. Lobelia is contra-indicated when the pulse is weak and slow, when the system is relaxed, when the patient has been taking much poison medicine (as in this condition it relaxes the system and sets free the action of all poison which has not been eliminated which may be sufficient amount to cause much harm or death) and in the later stages of diseases. Especially contra-indicated in the later stages of diseases in emetic doses. The entire plant of lobelia is used in medicine and it can be gathered at any stage of growth. The seed is much stronger in action then the leaves and as the leaves are milder in action they are generally preferred when prescribing for children or when prescribing the agent by infusion.

The best way to use lobelia is to use it by infusion and it must be remembered not to boil or put it in boiling water as water of that temperature will destroy its virtue. It is best to give it in small doses when using it as an emetic as the system will be more thoroughly relaxed and it will be less painful for the patient. It is best to preceed and follow its use when given for emetic purposes with "composition" which is made as follows:

℞ Myrica cerifera, ℔ij
Abies canadensis
Zingiber, a a., ℔j
Cloves
Capsicum, a a., ℥ij
M. Sig. Dose, a teaspoonful in a cupful of hot water.

Lobelia has a liquid alkaloid lobelin, an acid lobelic acid, an acid body

lobelacrin and a crystalline substance inflatin. Lobelia is a great remedy externally as well as internally, is almost specific for poising by coming in contact with poison oak (rhus tox.) and when bicarbonate of soda is added to the infusion and used externally it is almost specific in erysipelas and I am of the opinion the same combination would be of much value when used externally in small pox, pruritus vulvae and ani, itch and all similar complaints.

In obstetric practice lobelia is very useful in rigidity of the os uteri when the os is thick, doughy and unyeilding, but it should not be prescribed after delivery especially in emetic doses.

In asthma and similar complaints lobelia is of much value. It has many advocates in pneumonia while others say it is worthless and dangerous in pneumonia. Of course it would be a dangerous agent in emetic doses in some conditions of pneumonia as it would be in many conditions just after labor, but when indicated it should be used in any disease. Lobelia and dioscorea added to such agents as podophyllum make an excellent non-griping anti-bilious purgative.

Lobelia inflata is antispasmodic sedative diaphoretic expectorant relaxant and emetic.

Dose, one to sixty grains of the powder or one to sixty drops of the fluid extract.

BRONCHITIS.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

While we do not under-rate the importance of any other department of medicine, yet we assign the first rank to therapeutics. What does the patient care for pathology, morbid anatomy, physiology and the germ theory? The main consideration with him is cure. If he can succeed in that all is well with him, and that is the object sought for by him, and not a "beautiful case."

Then to the task before us. Do medicines cure? We think so. And we also think that that physician who says that medicine is a "humbug" is a "humbug" himself of the very worst kind, but we will say that it does not take much of a physician to cure you when there is nothing much the matter, but when we strike true disease it demands the best thought of the wisest.

While all other matters are essential, yet without a thorough, and we had almost said an absolute knowledge of drug action in diseased conditions, we are groping our way in darkness, and more at every turn we are liable to aggravate the trouble, instead of ameliorating it. To arrive at any tolerable knowledge along this line we must closely observe diseased conditions and the action of each single drug. To illustrate, in my hand I hold a sample of a remedy for bronchitis and allied complaints. It is composed of "fir balsam, venice turpentine, chloric ether, diluted hydrocyanic acid, tartar emetic and aromatics." Now, if your patient got well wouldn't you like to know what cured him? If he died very suddenly how about the hydrocyanic acid? Well, I'm glad we know enough of the action of that acid to make us careful in the use. This is one way. Let us now take up what we think to be the highly proper plan. That is, study the diseased conditions of the patient and apply a remedy that will right the wrong.

With this idea in view let us study acute bronchitis for a few moments. This study is a pleasure because it leads to exactness, and our results are the more perfect the nearer we approach this exactness, and it is results we are after. The disease symp-

toms in such a case will suggest the remedy. In bronchitis we frequently have a dry bronchial cough which causes our patient much annoyance. Acetic acid is here indicated, or inhaling the fumes of boiling vinegar will answer perfectly well.

When we have excessive fetid discharge, sulphuric acid is indicated. We remember having a case of this kind once when all we knew was to treat the cuspidore to a little carbolic acid. What good did that do the patient?

Aconite allays irritation, restores secretion and by paralyzing the end nerve filaments quickly soothes an irritable, inflamed condition of the mucous membrane.

Where there is lack of ability to expectorate thick, tenacious mucus, where breathing is wheezing, with rattling cough and feeble pulse, tartar emetic is indicated.

Ascelpias (pleurisy root) is given with good results when we have tight, painful cough, with difficult respiration and general suspension of secretion, dry skin and mucous membranes, with soreness of chest from coughing.

A short, quick cough, with short, sharp pains, sputum bloody or pasty, quick pulse, acute transient pains, increased on inhalation, face flushed, especially right cheek, indicate bryonia, in which condition it acts specifically and will subdue the pain and cough and exercise as fine an effect on the fever as any special sedative.

Hyoscyamus acts well where a dry cough is increased upon lying down and relieved upon getting up. "Sure relief."

Phosphorus is indicated by increasing weakness, sharp stitch-like pains and short, dry, hacking cough.

Turpentine has its specific indication in excessive secretion of mucus. Along with this it soothes the irritation throughout the chest, relieves the soreness and promotes a cure:

SCHEDULE.

I. Dry Bronchial Cough:	Inhale fumes of boiling vinegar; Aconite; Gaultheria; Henbane; Phosphorus; Pilocarpus.
II. Excessive Discharge:	Acid sulphuricum; Turpentine.
III. Allays Irrtation:	Aconite, codiene, zinc cyanide; Pilocarpine, cannabis; Turpentine, emetics.
IV. Restore Secretion:	Aconite; Henbane; Ascelpias, emetics; Pilocarpus, lobelin; Vinegar boiling.
V. Difficult Breathing:	Tartar emetic; Aspidospermin; Asclepias; Atropine.
VI. To arouse sensibility and cause retained secretions to be thrown off.	Sanguinarine; Strychnine, etc.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 408, Dec. Recorder.)

Electricity.—We must now consider this peculiar form of motion, before it is possible to get a farther grasp upon the invisible world. And we are met at the threshold, by the conviction, that, analogy is not similar, but near enough to allow the defective human mind to get a firmer grasp upon the subject. We know that this form of motion differs from any other known

form of energy, and are constrained to believe, this type of motion was referred to in Geneses, as the "Spirit of the Lord that moved upon the waters," causing the entire sidereal universe to revolve, and obey the laws of attraction and repulsion, and setting in action the chemical forces that have builded the universe, and eventually creating organic beings, under favorable conditions of environment, and temperature, defining the orbits of the different solor bodies through the push and pull, known as the universal law of gravitation.

At the beginning we recognized a force, resembling no other form of energy, as it causes all things in its vicinity to revolve. "It may be conceived of as a twisting force," but is known in electrical language as the electro-motive force. As the origin of this force is in the invisible molecular world, we are naturally familiar only with its phenomena, and less its mode of production, still enough data are at hand to determine with a fair degree of accuracy its mode of production.

Conductors.—Are invariably some soft ductile metallic element, that holds its molecular structure in such a manner, that under the application of this twisting force, its corpuscles may be made to revolve. When the corpuscles revolve in a right handed direction, it is said to be a positive flow of current, and when the corpuscles revolve in a left handed direction, it is said to be a negative flow of current. This having reference to the actual flow of current, and not to the direction the observer is looking; no matter where we may break a conductor, we invariably have positive on one of the broken ends, and negative phenomena upon the other, so that it becomes a self evident fact that we have a motion in both directions, upon and within the body of any conductor, which is charged with electricity. Certain of the corpuscles within the atom revolving in one direction, while its neighbors are turning in the other.

Every conductor is said to have capacity, and this brings up another peculiar phenomena noted in this form of energy, whenever we suddenly send a current of electricity through a conductor any other conductor in the immediate vicinity will immediately show a current in a reverse direction. It is an instantaneous current, and lasts only during the period of contact. If we break the current we also have a current in the neighboring conductor, but in an inverse direction. If we vary the electro-motive force in the primary conductor, every variation gives rise to inverse fluctuations in the neighboring conductors.

These phenomena teach us two fundamental truths: First, that something moves away and towards a conductor when it is polarized, and that this something can and does decay into heat when brought into contact with a suitable conductor, which gives rise to a current of electricity. Second, the distance that the disturbance can be detected, depends upon the electro-motive force.

For many years electricians have referred to this disturbance as the magnetic field surrounding a conductor, especially as their work was entirely with the low potential currents, but as soon as we began to experiment with currents of a higher voltage Prof. Hertz demonstrated that these waves passed into an infinite distance, and at the present time with voltages of about a million, these waves have been detected and intelligent messages sent 1900 miles from sending station, and it is now called "Hertzian waves", and makes universal wireless telegraphy possible. If these waves can be detected at this distance from this voltage, is the dream of Nikla Tesla of inter-planetary communica-

tion so ridiculous as the public press would have us believe? This eminent scientific electrician has demonstrated the practicability of generating and handling difference of potentials that can be estimated in volts only into the trillions, as he has succeeded in drawing flames from his transformers 68 feet in length, and of sufficiently rapid oscillations to burn the nitrogen of the air.

Is it not conceivable, if this disturbance follow the law of geometrical progression, that it should stop at any given voltage? Remember that nature uses voltages as high as 275 trillions, with alterations as high; which traverse immense distances in space, carrying immense quantities of energy to different planets. And if energy can be carried through space, why not intelligent signals, as it is inconceivable to the scientific mind, that highly intelligent creatures exist only upon the earth, and there is no reason to suppose that their intellectual development would differ greatly from ours.

(To be continued.)

TREATMENT OF ACCIDENTAL WOUNDS.

By E. N. Ritter, M. D. Williamsport, Pennsylvania.

All accidental wounds should be considered and treated as infected wounds. The secret of success in wound surgery lies in the first dressing. No doubt every physician or surgeon has his own favorite method of dressing wounds. We all aim to prevent suppuration and to obtain union by first intention. Good results, as a rule, are obtained from any form of treatment where the technique is to secure and maintain cleanliness. By exercising the greatest care in the technique of cleaning the wound the bacteria that have become imbedded in the tissues when the wound was inflicted can not always be entirely removed, unless strong antiseptic solutions are used, but in many cases are applied in sufficient strength to be of any value, act upon the patient's tissues in such a manner as to produce excessive irritation and lessen the normal recuperative powers.

The most satisfactory method I have ever used is one that is productive of uniformly good results but lacks the beautiful white artistic color of the dry dressing. First cleanse the wound and surrounding tissues with antiseptic and aseptic solutions, pare off the ragged tissues if any, and coaptate the edges of the wound with sutures if required. Then apply a small compress (about four thickness of gauze) saturated with undiluted specific echinacea over the wound, followed by the ordinary gauze bandage. Allow the first dressing to remain undisturbed from five to ten days. An incised wound will heal quicker than a lacerated wound where there is destruction of tissue. Moisten the gauze dressing every few hours with a solution of one part echinacea and two parts glycerine, in order that dressing may not become dry at any time. By keeping the dressing saturated with the above solution inflammation and swelling are prevented and therefore no pain or suppuration.

This dressing will not adhere to the wound, and on being removed the healing process will not be disturbed. If there has been no destruction of tissue the wound will invariably be healed when the first dressing is removed.

In minor operations where suppuration is anticipated, as the removal of a suppurating ingrowing toe-nail, the repair I found was more rapid by using the above solution than any other method I have employed. After eight or ten days have elapsed I then use a dry dressing or a combination of boric acid and acetanilid.

PHYSIOLOGY AND PSYCHOLOGY.

By Herman Gasser, M. D., Platteville, Wis.

(Concluded from page 414, Dec. Recorder.)

The world is an ever present unity; it has no beginning or end; no past or future. It is only because the world is an idea with its system of work we are caused to believe it has a past and future, but if it is an idea, unity of equilibrium, the thought is impossible of conception. What we call the past and anticipate as the future, time and eternity, is only our measure of the world system of work in the ever present world idea. It is because the ever present world idea that is without beginning or end is a system of work out of which our idea of the world was created we have formulated the thought of past, present and future. The truth and reality however is, there is no past, no future, for the world idea, unity of the system of the world equilibrium is a continuous and ever present work, without beginning or end; is work, work, work, only work.

We, indeed, find the world's system of physical work scattered all along its track with system of relation and variation from the nebulous chaos of force down through the stars into our solar system with its planets, follow it up through our earth to life and man with his idea, measure and calculate them by oeons of time while in reality it is our present measure of the world's work.

Time is work; work is our ever present relation in the world's work. We measure all time, past and future, by our work. It is not the work performed yesterday, last week, a year ago, or today, in the ever present, by which we lay out and calculate what we shall do tomorrow or next week, but rather how we shall continue the ever present work with its system of relation in continuity. We never work in the past or future, always in the ever present. The system of the work we are doing is the product of our system of work, the measure of the system of work to do tomorrow or next week; but tomorrow or next week is not a reality, time or entity, it is only the ever present measure of our work. Tomorrow comes, our system of work continues in the ever present, and then tomorrow fades into yesterday. It had no reality in existence except as a measure of our work. The system of work laid out for tomorrow is, and can only be the measure of our ever present work.

It is because the world is an idea, an ever present system of the world equilibrium with its system of creative work that it is possible to conceive a relation, we call time. That our ever present measure of the world's work is a demonstration that the work of the world in the past was not so highly organized and established is the truth of the past, of time, the measure of its then state of work, is the only time we know, but we know this only in the ever present system of work with its relations. Time, past and future, is the ever present system of related work.

The world idea with its system of creative work is the only world we know. The system of the world with its work is the ever present world idea. The physical system of the work is scattered from the atom to man, but it is always and invariably the ever present system of work with its variations and relations, has no beginning or end, no past or future, only system of related work. It is this ever present system of related work that is the ever present measure of its relation. Our local measure of the world's system of work in the corner of the universe we know causes us to formulate

it in time, with a beginning and end, because we have not realized and comprehended it is a world idea and system of work that is without beginning, without end, is an ever present unity of work with its system of relation. That it is this ever present system of related work that is the measure of our idea of the world's work, our idea of the world's work the measure of the world idea, the only world we know.

Physically summarized, the world is a unity, an equilibrium with its system of related work. Psychically the world is an idea, world spirit, world soul with its system of work. Here, practically the statement of physics is the statement of psychics for the ever present unity and equilibrium with its system of work is the ever present world idea with its system of work. This resolves the problem into the conclusion that the world of psychics is the ever present unity of the world equilibrium with its system of related work. It is the related system of work organized and interpreted into the ever present unity or equilibrium that is our idea of the system of work, it is also our idea of the world equilibrium with its system which is the world idea. As the world idea or equilibrium with its system of work is the ever present world, the only world we know, that is without beginning, without end, the relation between psychics and physics assumes a concrete and scientific relation. Psychics is the ever present unity or system of the world equilibrium with its related work. Physics is the related system of the ever present relation and variation of the world's work from the atom to man organized and woven into the ever present unity or equilibrium of his idea, and thus all the physics he knows is his psychics. As soon as his system of physics becomes complete just so soon does his system of psychics become complete, for the system of the related work of the world becomes the unity of the system of the world idea.

Without a circulation of nervous energy in the nervous system the related system of the world's work is incomplete and hence the idea of its conception must be incomplete. This is why, and only why, we still have a world of physics and a world of psychics with their system of relation. The incomplete system of physics is the incomplete system of psychics. A complete physical system makes a complete psychical system; the world and idea with its system of work.

ABSCESS FOLLOWING MALARIA.

By H. A. Giltner, M. D., Lexington, Indiana.

A lady thirty years of age, who had had malarial fever in a mild form for two weeks, had a slightly decayed tooth, it being the wisdom tooth on the right side below. On October 31, 1902, the jaw began to swell and remained slightly swollen for two weeks giving slight pain, but with no evidence of suppuration. Just when extraction was considered feasible the jaw swelled to an enormous size within twelve hours and began discharging small quantities of pus at the root of the tooth.

In a few days the symptoms of septicemia became manifest through a chill, high fever and great prostration. The kidneys acted very little while the urine was thick and heavy. The bowels were sluggish, the tongue heavily coated and heart very weak. The only favorable sign was the fact that the patient could at all times take plenty of liquid food. At several different times she was on the verge o collapse and it was only by the co-

operation of an excellent trained nurse that she was kept alive.

At this time the patient was supported with strychnine, eggnog and milk. Was given elixir iron, quinine and strychnine. Bowels were kept open with tablets of calomel, ipecac and soda, salts or enema.

Kidneys were kept open with lithium citrate or urotropin, as indicated, locally flaxseed poultices over which was placed a hot water bottle.

The abscess was left open as well as possible on the inside and syringed out with hydrogen peroxide every three hours followed by a hot mouth-wash of potassium permanganate.

At the end of three days, the patient's heart and general condition being improved, the abscess was freely incised externally, under strict aseptic conditions, opposite the offending molar. A large quantity of pus was discharged and this opening was treated with the peroxide and kept open with sterilized gauze.

This lady had always been previously healthy, but the system had been so weakened by the attack of malaria that the septic material from the carious tooth had a chance to enter.

It is perhaps needless to say that as soon as the condition would admit of it, the tooth was extracted, with the lesson learned, never to permit decayed teeth to remain in the mouth with my consent. This one would have been removed much sooner, but the condition of the patient would not admit of the operation.

HINTS IN THE TREATMENT OF ASTHMA.

By E. L. Ward, M. D., Starrucca, Pa.

In the treatment of asthma there is one thing which you wish to overcome, that is the paroxysmal, spasmodic contraction of the muscular layer surrounding the smaller bronchial tubes; also you are apt to have a tonic spasm of the diaphram. There are two indications in its treatment to meet, the relief of the paroxysm and to prevent its recurrence. To relieve the paroxysm the following has worked very quickly in cases for me:

℞ Glonoin, gr. $\frac{1}{250}$
Strychnine arsenate, gr. $\frac{1}{134}$
Hyoscyamine, gr. $\frac{1}{250}$
Sig. Pro dosi.

I give these every fifteen minutes until four doses are taken, then every two hours until relieved. They act very quickly and promptly. I have also found the iodide of potassium of great service and may be kept up for some time as a routine treatment. In combination with belladonna it acts very nicely in the following:

℞ Potassium iodide, gr.x
Tincture belladonna, m.v
Simple elixir, ʒj
M. Sig. Pro dosi.

This may be given every three hours if required.

The second indication is to prevent the recurrence of the paroxysm. Look after the general health of the patient, notice if there be a chronic bronchitis, if so give persistent treatment for it, as asthma is often a sequel to chronic bronchitis. A change of climate often cures a case. The following I have used in Angier's atomizer with some good results:

℞ Mentholis, ʒj
Camphorae, ʒj
Angier's glymolis, ʒj
M. Et. Sig. As a spray.

Large doses of pure ichthyol are said to be of value in tuberculosis.—Dr. C. E. Boynton, Smithfield, Utah.

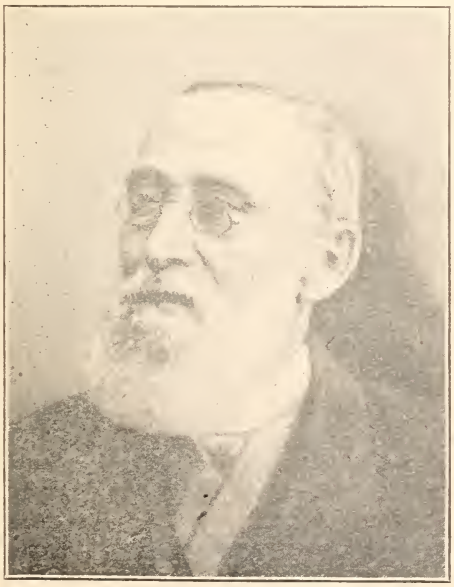
DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE LIGHTS OF SCIENCE.

The lights of other days pave the way for the lights of today.

The comment of the press of today endeavors to demonstrate that the great Virchow in his works upon cell development and cell pathology failed to comprehend the whole story of life, as though he did not appreciate the works of his contemporaries, as well as those who had gone before, which in my mind is rather a questionable assumption.



VIRCHOW.

Let us for a brief moment review his predecessors in their scientific development. Sir Isaac Newton discovered gravity, in relation to heavenly bodies, which held true to their orbits, in proper place and movements and constellations; in short, this power weighed them and bid them move or stand. The very first exact science ever applied to the starry decked heavens, and which has become more and more universal in its applications in every day pursuits, binding land and sea, holding the commerce of the seas and land, weighing and measuring mountains, rivers, valleys and transports to an exact degree, even unto the test in medicine and surgery, of the circulation of the blood, the excretions and secretions, to all alike, even to the great master, Virchow.

Next we may mention the wonderful discoveries of Hugh Miller, the quarryman who in the midst of his daily vocations had studied the composition of different crystals and learned the secret of their different compositions, as well as their elective identity, showing their strange law of affinity, their relation to their minerology, the flint rock, the granite and the basic red sand stone, discovering the footprints of the Dawn of Creation, down through the ages of various applications, even unto medicine and surgery. Doubtless Virchow was aware of all this progress.

Then let us consider Michel Faraday, who discovered the spectrum and the spectrum analysis of light, picturing the ingredients of the sun and the stars and all earthly matters, until now we are able to produce the spectra of the blood or other portions of the body, and by this test we are able to discriminate between the healthy and unhealthy condition.

Next Sir Humphrey Davy, Mr. Tyndal and others, in the study of the phenomena of light, heat and electricity, their correlations, making them a unit, freighting all in their rapid transit, that make up the web

of things in the universe, even to the simplest beginnings of mineral, vegetable and animal world, the protoplasm, bioplasm, the formation of cells, the building up of forms, even to human economy, comprising 35 billions of these minute entities, each having a life or a purpose, and a place in the wonderful structure, man—brain, nerve muscle, bone and blood cell, the base, the very base of life, formations the foundation on which Virchow built his mighty reputation, and he, searching for this minute pathology, found that Jenner and Pasteur, other great germ workers, had discovered the beautiful germ theory, and the minutest of all things, the germ, made it home, its nest, its breeding place, in each and every one of these billions of cells, though only one three-thousandth of an inch in diameter and many times more infinitesimal in diameter.

These are but few of the lights that paved the way and lit up the progress of our noble profession, from Moses, the law giver in sanitary relations, Hippocrates, all down through the avenues of time, such lights have been placed, to the present, to illumine the way of the progress of medicine. In this connection I would elect to pay my tribute to Jenner and Pasteur as the leaders and developers of preventive medicine, in the wonderful germ discovery. J. J. CALDWELL, M. D.

Summit, New Jersey.

INTER-STATE PRACTICE.

Just received a copy of the Recorder, containing a brief letter from Dr. J. H., Chicago, as to the treatment of a doctor of New Mexico who was arrested for practicing in Colorado. They do better in New Hampshire and Massachusetts; a doctor who lives near the state line can cross and recross and practice without any interference in either state if you are registered in both. A few political doctors have had the laws enacted and hundreds of physicians submit to them to save trouble for themselves, also expense. I got my A. B. and A. M. from Princeton University, both earned degrees. Then I got my M. D. from Boston University Medical School, an institution chartered by the state long before the medical laws were enacted. As a graduate from a chartered institution, I had the right to practice medicine in the state, without being obliged to register, but to save myself trouble and annoyance I registered and paid the fee. My son graduates next June, with an A. B. and an M. D. He has the constitutional right to practice in this state without going before the medical board, because of the fact that he is a graduate of a chartered institution, and yet he will go before the board, take his examination, pay his fee, because I don't want the trouble and expense for both of us, in fighting the case. I have friends in New Hampshire, patients of mine, but I can't go there and doctor them, because it is against the state law, but if I had the money to put up a fight I would give my time gladly to make the attempt. I would present my diplomas and registration certificate in Massachusetts, and I would demand registration in Derry, N. H., a nearby town, and if I was not granted registration then without examination, I would hire my lawyer and carry the case into court. I believe in medical laws. I would have every M. D. and A. B. register and after they had registered, I would have them go where they saw fit, and not be bound by state laws. I believe that is my right under the constitution of the United States.

I would gladly make the test myself, if I had the money to pay my counsel. D. S. COLES, M. D.

Wakefield, Mass.

TOPICS OF THE TIMES.

DENOUNCE QUACKERY!

I believe that medical men should contribute articles to lay journals against quackery in all its forms, the articles being anonymous or signed without the title to the author's name, or at any rate so that they shall not act as advertisements. The laity has so much on every side extolling the various dopes placed by proprietors on the market that something should be said on the other side. However unreasonable a statement may be it gains followers through something like suggestion if oft repeated. If doctors will only talk and write the most mercenary newspaper managers may get ashamed of filling their columns with the lies that eminate from quackery. Particularly does it seem to me that by the skillful use of verse we may do much to shame the laymen against dealing with the quack medicine man. The laity is woefully ignorant of the simplest principles of medical ethics and many of them cannot understand how any but the most sordid motives can prevent a regular physician from using a quack medicine or consulting with a quack. For this ignorance of the laity we as physicians are to blame. We should teach our patients and the reading public also the fundamental principles of medical ethics and as guardians of the public health we should warn them against the charlatan and his goods at every turn.

HARD PLACES FOR DOCTORS.

In thinly settled neighborhoods it is quite common to hear an old farmer remark that he and his family have never required the services of a physician. Frequently has it been said to me by a man well along in years: "Well, this is the first time I have ever had use for a doctor." The first doctor to locate in a small, slowly growing town has a hard row to hoe as a rule. There are neighborhoods where the inhabitants scarcely know what a doctor is for, neighborhoods where the people have lived so long without a doctor that to employ one is regarded as too costly a luxury for any occasion other than the most serious. In such localities as a rule the doctor gets called at first too late, and in a year or so his name may be associated with all the deaths of the year. At first it is considered a smart joke to refer to the doctor killing people. Finally old settlers will prove by statistics that there are more deaths since the coming of the doctor. The facts are overlooked that since the coming of the doctor sickness gets talked about and deaths are observed that without a doctor would pass unnoticed. Around the grocery and blacksmith shop the remark will pass: "We didn't have any sickness until we had a doctor; now everybody is sick."

The town of H., of about 2,000 inhabitants, could not support a doctor. If one came there to locate the old settlers would declare that he would be starved out and so it proved on one occasion, after which the town had no doctor for six years or more. Finally one located there but at the last returns he was having a hard time of it. Strange to say that town when it had no doctor had a remarkably low death rate. Eight per year, if I remember correctly, was the record of one twelve months. Doctors eight miles distant did some practice in this town and possibly the hold they had upon the faith of the community handicapped a local doctor. The average resident of a cross roads town never can believe that a doctor that knows anything will locate near him, and they are often determined not to give one a show. The fact is forgotten that many of the old and well-to-do citizens of such

towns go to the cities to do their dying The poor devils that must stay at home to die call upon the local doctor who gets the blame and no money.

When these simple country people who will not employ their local doctor go to the city with a pocket full of money to be treated the duration and gravity of their condition is proportional, as a rule, to the depth of their financial resources. And the pocket full of money gets treated.

I know of one town of 1600 population where doctors have several times located unsuccessfully. It is between two other towns, being about six miles from each, and it is a fashion in this town to send away for a doctor. A local doctor there would get the practice of the poor. With a doctor in their midst a few of the poor would not go away to be treated in their last sickness, thus the death rate of this town might be larger with a doctor than without one.

It is customary in towns like these to call upon the new doctor once and if not cured to condemn him and his medicine and send in a hurry to the larger town. Every one hears how the local doctor failed to cure Mr. A whom he treated for one day and whom the city doctor cured in a month.

PAYMENTS AMONG THE ECONOMICAL.

The country doctor, who, as a rule does not deal with people worth more than $5,000 and is obliged to furnish his own medicines cannot provide expensive preparations. If he did, he would soon go broke. Today I know a man who has a weak anaemic wife. She requires bovinine. This man is slow to pay a doctor. Six weeks ago I told him to get the bovinine, but he has not procured it yet, but keeps saying he will get it. He is not a bad man, but he is "slow."

Mrs. R. requires medical treatment and her husband will pay a bill, say $10.00, after he has been asked for it 30 times. It takes three "duns" to get $1.00 out of this man. Doctors have told her that she requires operation (there is a small laceration of the cervix), but constipation is her main trouble. A written ℞ requiring cash would not be filled and doctors know this, so they just say operation and that ends it. Once this man's wife run a bill of $25.00 with me and I collected every cent but I do not want another account like it. I would rather earn mine easier. Still if $25.00 is owing me I work hard at it until I collect the bill, but the task is a drudgery and far from agreeable. However, when I let a man run a bill I feel morally obliged to make him pay if he can pay and there is a way of urging him to do so.

FEES FOR CONTAGIOUS DISEASE.

Having just attended a case of malignant diphtheria, remaining hours with the same, I am impressed that the usual fee is too low considering the risk. The patient lived two miles from office, my fee at that point being $3.50. Any physician would rather attend two non-malignant calls at this distance than one malignant case. Physicians, too, often treat diphtheria and scarlet fever at the same rates of rheumatism or pneumonia. This is unjust to themselves. These diseases deserve at least a double fee and even that looks small when an epidemic is unusually fatal.

This morning a child died after being sick but fifteen hours with diphtheria. The physicians attending this child had families of their own. The case being in town, the cost of medical services at ordinary rates (two physicians in attendance) will probably be about $10.00.

Does $5.00 justly remunerate the risk of examining the throat of a diph-

theritic child, affected so fatally that it dies in fifteen hours? What say the clinic folks?

ABSORBENT DRESSINGS.

The remarks of Dr. Tousey, page 281, bring to my mind how years ago I had to treat many cases of suppuration for the pauper poor. The county finance committee were very particular that the county physician should be economical in all things and as oiled silk, absorbent cotton, etc., were regarded as expensive articles for surgical dressings, I ordered a bale of oakum. With a little cotton next the lesion I would then pack the region well with oakum and wrap all with cheese-cloth that could, of course, be washed and used again. There was just tar enough in the oakum to exert an agreeable and satisfactory deodorizer and antiseptic effect, while it proved a very good absorbent. It proved both light and cool as well as economical, thus enough could always be used at a dressing to hold discharges for a day or more. In private practice I have placed a mat of quilting cotton outside gauze and absorbent cotton and covered the whole with well sized paper and a towel. In this way I have caused profuse discharges to be retained with little expense for dressings. When the physician is expected to furnish dressings himself, as in country practice, on long account and with uncertain payments, he welcomes any safe plan that is economical and clean.

CASTRATION OF CRIMINALS.

A Baltimore grand jury recently recommended castration for a punishment of those convicted of rape.

To make the death penalty punishment for this crime might not be so bad, but mutilation is a form of punishment peculiar to savages.

Uudoubtedly many a man has been convicted of rape when the act was as much the fault of the female as the man. If an innocent man is executed the harm is done, but supposing an innocent man to have been castrated. Could the wrong perpetrated have been more terrible? There is a something about castration that seems more terrible than death itself. We do not execute the criminal just to make him suffer. Inflicting suffering does not constitute a human and civilized motive, to the moral and enlightened mind. There is enough now that is horrible that the perverted mind seeks for in the records of criminality. The very establishment of such a form of punishment will tend to corrupt many who read its report and seek to interview and watch the unfortunate victim after the outrage has been committed.

Law itself and its executioners will almost place themselves on the low plain of the criminal himself when it adopts this barbarous mode of punishment. However degraded the victim might be a brother or other relative knowing that the law had castrated his brother would feel more disgraced than had that relative been executed.

The brother, let it be supposed, would possibly out of sympathy suffer more than the criminal himself. It would be a relief to many a brother under such circumstances to take the life of a judge who would inflict such a sentence upon a man convicted of rape. A man may be temporarily insane or acting at the time of his crime upon a misunderstanding. Then there are women and even girls who possibly in abnormal states desire to be raped and even desire to bring punishment upon those who commit the deed.

It is bad enough to kill criminals who may possibly be more innocent than we suppose. Let us not do worse.

C. E. Boynton, B. S., M. D.
Smithfield, Utah.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PRECAUTIONS AGAINST THE SPREAD OF TUBERCULOSIS.

While the laity understands now fairly well the nature of tuberculosis and knows that the spread of the disease may be greatly in peded by proper precautions, the physician finds it no easy matter to induce a full observation of necessary precautions. A few good and not too complicated rules for the government of consumptives are given in the New York Medical Record of December 19, by Dr. C. P. Amber. They ought to find wide publication and would, if faithfully adhered to, go far toward the protection of the families of consumptives and the general public. Expectoration must be disposed of in such a way that it cannot become dry and form a constituent of dust. Spitting on floors, walks, streets is to be strictly avoided. Consumptives should not use the common drinking cup in the house, a public place, at communion, as they cannot fail to have bacilli on their lips. For the same reason they must abstain from the kissing of others. The handling and preparing of foodstuffs, either in the market or the kitchen, is a source of danger. As every effort of coughing expels into the air an appreciable amount of mucus or sputum carrying bacilli, it constitutes an active source of infection and should be suppressed as much as possible, especially in a close room and at the dining table. Public halls and meeting places shonld be avoided by consumptives, for their own and other people's good.

The rooms occupied by tuberculous patients should be well ventilated, their floors not covered by carpets or rugs, and dust excluded as much as possible, for it is injurious to the patients themselves and one of the most active disseminators of tuberculosis. If tubercle bacilli are allowed th accumulate on floors as the result of coughing or unrestricted expectoration, there is especial danger of infecting small children, who play on the floor and readily introduce the germs into their own systems. As consumptives are usually very sensitive and dislike to acknowledge their c ndition to others or to themselves, it is not easy to induce them to observe such precautions. But the argument may be potent with them, that they ought to guard against autoinfection. At any rate it is the physician's duty to sound a timely note of warning and give necessary instructions.

NEW METHOD OF STERILIZING CATGUT.

Deutsch Zeitschrift fuer Chirurgie gives a very simple preparation, consisting in immersion of the gut, as it comes from the maker, in an iodine solution for eight days, at the end of which time it is ready for use. The iodine solution, in which the gut is sterilized and kept, is made as follows: One part of potassium iodide is dissolved in a little distilled water, then one part of iodine is added and the solution made up to one hundred parts with distilled water. Claudius originated the method about a year ago, and has since published the opinions of a number of well known surgeons which were all favorable. Martina has investigated the product obtained from all points of view and praises it highly. An elaborate series of cultures made under many different conditions showed the absolute sterility of the gut, and also that the iodine retained makes it

markedly antiseptic, without, however, being sufficient in amount to produce local irritation or iodine poisoning. The method offers an extremely simple and inexpensive means of preparing gut which can be easily preserved in a sterile condition and is not only aseptic but antiseptic. Its disadvantages are the unpleasant odor emitted by the iodine solution while exposed to evaporation during operation, the fact that if kept together with instruments the vapor attacks these, the yellowish color the gut imparts to the hands and dressings, and the fact that it is absorbed in six to seven days, so it is not adapted to use under circumstances in which greater permanence is desired.

OPPOSITION TO MEDICAL CENTRALIZATION.

It is not all plain sailing with the planned reorganization of the medical profession, as emanating from the American Medical Association. The Dubuque Medical Society, at a meeting in November, unanimously adopted resolutions disapproving the plan and appealing to the profession of the state of Iowa to oppose it. As is well understood, it is proposed to build up a strong organization, beginning in the county societies, going then to membership in the state associations, and culminating in the National Association, with a house of delegates, district councils, etc. The gist of the objections is, that the plan is un-American, resulting in too much centralization of power, with practically no responsibility on the part of those put into power.

Such objections have repeatedly been voiced by individuals, who believe that such a plan, in common with existing state license regulations, tends to strenghten medical monopoly, while it would do more harm than good to the large body of medical practitioners. But it is the first time, we believe, that a medical society of good repute has taken such a stand.

MEDICAL TREATMENT OF APPENDICITIS.

The Rundschau found among the exchanges a stray number of a small French journal, Annales de Physicotherapie, the personal organ of a Parisian doctor, J. Riviere. He must be a man of note and high standing, for at a banquet given in his honor, medical men of the first rank, among them Professor Lancereaux, president of the Academy of Medicine, were in attendance and heaped praises on him. Dr. Riviere has a hobby and rides it hard, bringing much learning to his support. It is, aside from the treatment of chronic ailments, tumors, etc., by mechanical means, the treatment of acute diseases, particularly typhoid and appendicitis, by calomel, castor oil, water, heat and quinine. He cannot find terms too harsh in condemning the use of opiates and ice in these diseases. His views are summed up in the few words: "Typhlitis and perityphlitis occur today, as in the past, but treatment with morphine and dry diet set up quickly the complication of appendicitis. Ice, opiates and dry diet create appendicitis. The application of ice to the abdomen should be banished forever from medical practice."

Whatever might be said about his pathology, his treatment is of some value, but cannot compare with the method first advocated by Ochsner of Chicago and now quite generally followed in the United States, namely, entire withdrawal of all food and drink by mouth, emptying of the bowels by full and high enemas, followed by rectal feeding, without any medicine, untill all acute symptoms have subsided. The rationale of the method is the giving of complete physiological rest to the digestive organs. Hundreds of physicians, like the writer, can testify to its success. The French physicians, when relating their favorable experiences with Riviere's method, gave no evidence of being acquainted with ours.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

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EDITORIAL NOTES.

A few of our newer readers have the idea that the editor agrees with everything published in the Recorder —the older readers know differently. We publish many things which are decidedly at variance with our own views, but the Recorder is an independent journal and we are willing to publish all sides of subjects of interest. If we were conducting an organ of some medical society we should be obliged to have everything conform to the requirements of that society and this is why a live independent medical journal is of interest and value. Whatever makes you think, helps you. Perhaps you read something antagonistic to your views but it makes you think and you become more convinced that your own position is right. Don't be afraid to read what the other fellow thinks and don't call him a fool or a knave if he does not agree with you.

The world has just been horrified by the theatre holocaust in Chicago where nearly six hundred people lost their lives—sacrificed to monetary greed. Had the theatre been properly constructed with proper safety devices probably no lives would have been lost. This fire also calls attention to the wide prevalance of municipal graft in America. There are city ordinances in Chicago intended to protect theatre patrons, and officers to see that such laws are enforced. But in any large city in America it has been possible by a little bribe money to construct threatres in a faulty manner and to conduct them in a dangerous manner. Improper construction, inadquate exits and unlawful packing have characterized modern theatres. This Chicago catastrophe has aroused the civilized world to investigate theatres and other public meeting places and demand proper construction and regulation.

A physician who is competent to practice in Wisconsin knows enough to practice in any state in the Union and should be permitted to do so without any examinations, if he has a Wisconsin license.

We wish to extend our thanks to the many physicians who are sending us kind words of appreciation with their renewals. We are glad to know they like the Recorder.

The department store bargain sale style of business cannot be applied in in buying drugs. There is a limit to how low good medicines can be sold.

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THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Protargol.—This is one of our very valuable silver salts, but to get the best results the solutions should be properly prepared and cared for. Solutions of protargol should always be freshly prepared. It should not be dissolved in hot water as heat tends to decompose it; while it is not quickly soluble in cold water, it can be stirred into cold water and allowed to stand for a short time and the solution will be complete. It should be kept in an amber bottle.

Chorea.—Lees, British Medical Journal, states that he regards chorea in a majority of cases cerebral rheumatism, although other toxemias may also produce choreic symptoms. The treatment should be that of rheumatism, pushed to its limit, just as is done in cerebral syphilis. For a child 6 to 10 years the initial dose of sodium salicylate should be 65 cg. (10 gr.) every 2 or 3 hours, combined with 1.3 gm. (20 gr.) of sodium bicarbonate. In the course of a few days the dose should be increased to .97 gm. (15 gr.) and then to 1.3 gm. (20 gr.); so that 10 gm. or 12 gm. (150 gr. or 200 gr.) a day are taken.

Cheap Instruments.--While the doctor does not wish to pay exorbitant prices for his instruments and drugs, and yet it does not pay to get things which are so cheap that the quality has been sacrificed. In our work we want something we can rely on. The following editorial from Merck's Archives is to the point:

Perfection in instruments is as important as purity and freshness in drugs. A little flaw may cause lots of trouble. Dr. Brothers had requested the house-surgeon of the Post-Graduate Hospital to dilate and curette the uterus of a young woman who had been admitted to the hospital for the relief of dysmenorrhea. While this was being done the steel loop of the curette suddenly broke off and remained in the uterine cavity. All efforts to seize it with dressing forceps failed and only succeeded in pushing it in farther. The doctor had to make a longitudinal median vaginal incision anteriorly and pushed the bladder with its peritoneal covering high up out of the way. The anterior uterine wall was thus exposed, and was split up to a distance of probably one inch above the internal os. It was now possible with a strong artery clamp to seize and extract the foreign body. The uterine wall was carefully approximated and sutured down to the external os. While accidents will happen, we think it is a very grave error to look for "cheapness" in instruments, the slightest flaw in which may cost the patient's life or the doctor's reputation. And the same is true of drugs and chemicals.

Iodoform.—The bacteriologists have been telling us that iodoform is not antiseptic, and yet we have all had a clinical experience which indicates differently. This enigma is explained in the Annals of Surgery in an abstract of a paper by Dr. Heile, of Breslau:

Why does iodoform prove a good antiseptic in the clinic and in the laboratory lag behind all other antiseptics

in virtue? Heile's investigations show that when mixed with tissue juices in the absence of oxygen iodoform becomes decomposed in three to five days, and that it now kills both staphylo and streptococci while under the same circumstances neither the tissue juices nor the iodoform alone have any effect. Of the body juices, that from the liver decomposes iodoform most powerfully, that from the brain or from fat least powerfully. Granulation tissue acts similarly to juices from organs, and tuberculous granulation tissue seems to have the most intense decomposing power. The degree of decomposition was found by the quantitative test for iodine. Corresponding to the antiseptic action of iodoform is the degree in which iodine is set free. The antiseptic action is, however, not due to the free iodine, since iodine is set free in the presence of oxygen, and iodoform is no longer antiseptic when oxygen is present. Further, iodine, in the form of tincture or in solutions of KI or NaI, of much greater concentration than can be obtained by the decomposition of iodcform, is not antiseptic. The author thinks it most probable that the decomposition of iodoform sets free di-iod-acetylene (CHI-CHI). This is very powerfully bactericidal, and is rendered inert by oxidation. These experimental findings correspond with clinical experience. Iodoform has much value in cavities, but none in superficial wounds. In internal organs, viz., liver and kidneys, iodoform is most powerfully decomposed, so powerfully, in fact, that it sometimes acts not merely as an antiseptic, but as a caustic. The author concludes that iodoform is truly one of our best, if not the best, of our antiseptics.

Pulmonary Edema from Ether.—Acute pulmonary edema secondary to the administration of ether is one of the rare complications of ether narcosis. Although we do not often meet it we should be on our guard and prepared to meet it. At the last meeting of the Clinical Society of the New York Polyclinic and Hospital the paper of the evening was on this subject by Dr. V. C. Pedersen, who said, in part: The patient was thirty years old, healthy. Immediately after a thirty-minute administration of ether for an operation for piles, he developed acute edema of the lungs which very nearly proved fatal. The induction of anesthesia caused great excitement and muscular rigidity in the extremities which persisted about ten minutes. During that time the ether was administered rather freely but not excessively, insofar that less than four ounces was poured into the cone during the entire operation. The clinical picture of the edema was made up of profound cyanosis followed by cardiac weakness, but was not accompanied or followed by any mucus in the mouth, nose or throat. The resuscitation was accomplished by free use of cardiac stimulants, notably strychnine, whiskey and nitroglycerine and respiratory stimulants, like atropine and elevation of the foot of the bed. General, dry cupping of the chest was also instituted, and after about one hour of constant work over the patient recovery took place, without, however, the appearance of any fluid in the throat from the lungs. No later lung complications occurred.

The speaker stated that some twelve cases of a similar nature have been reported in medical literature, all of them fatal, and many of them showing as in this case, an insidious onset at the end of the operation, notwithstanding the fact the anesthetization had been without incident. He thought this case worthy of publication for the reason that it illustrated the fact that certain persons are individually very susceptible to ether-

fumes, the gas being irritating to the lungs. He therefore holds that whenever any difficulty appears in the early stages of anesthesia with ether, great caution and deliberation should be exercised in overcoming them. He stated that, in his opinion, aside from the very important factor of individual susceptibility, this case of edema may have been due to somewhat undue exhibition of ether early in the narcosis, although after all, the total of ether exhibited (less than four ounces) proved that this excess had not been very material.

Dr. Pedersen also presented a chloroform dropper which he had designed with the purpose of regulating the size of the drop allowed to to flow from the tube which was inserted in the stopper. A large, small or medium drop could be allowed to fall on the mask, and at more or less frequent intervals, according to the desire of the anesthetist.

He also exhibited a new device for attachment to Bennett's ether apparatus, designed to greatly facilitate anesthetization in cases of operation on the larynx and trachea.

Dr. T. L. Bennett opened the discussion of Dr. Pedersen's paper. He said that pulmonary edema following the administration of ether is not a common occurrence. He had seen three or four cases in which this condition had been present in lesser degrees than in the case reported by Dr. Pedersen. The morbid anatomy of pulmonary edema is very likely that of congestion of the lungs, similar to that seen in the pleural cavity. Some patients are susceptible to pulmonary edema, as, for instance, those inclined to congestion of the lungs or those having tuberculosis. The anesthetist should be on his guard to notice any failure of the left side of the heart, either from weakness or from complications of the aortic valves or from aortic stenosis. The congestion from ether is usually sudden, but the edema may be quickly developed or it may not become apparent until the administration is stopped. In the case reported by Dr. Pedersen, partial edema of the lungs probably occurred during the early administration of the ether, and when the ether was stopped, a certain amount of stimulation was withdrawn, and the consequent depression favored the development of the edema. Whenever, during inhalation, the patient presents symptoms of cyanosis, he should be examined for edema, notwithstanding that his inhalation may be free. There is usually a rapid pulse, and the patient, if in an excessive case, will expel mucus from the cavities. In the treatment, prophylaxis is the most important feature. The ether should not be pushed so rapidly as to set up this congestion. The anesthetic should be changed as soon as the first symptoms are noticed, and it should be given in very small quantities, so that the patient may cough or vomit and so expel what is in the lungs. Strychnine should be given for stimulation. Artifical respiration, with oxygen, preferably, does much to start the circulation and may expel the fluid from the chest and lungs.

Dr. Pedersen said that he thought the choice of an anesthetic should depend to a great extent on the personal equation. He had recently administered ether to two patients who had suffered from bronchitis previous to the time of operation. The anesthetic, in both instances, had been chosen by the operator. The first patient was given ether, and developed a bronchial pneumonia, but did not die. The other patient was a man for whom the operator requested chloroform. Ether was administered, but he became cyanotic and chloroform was substituted. He got through the remainder of the operation without difficulty, and made a good recovery.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

A COMPEND OF PATHOLOGY.—General and Special, A Student's Manual in one volume, by Alfred Edward Thayer, M. D , Professor of Pathology, University of Texas. Second edition, containing 131 Illustrations, Pages 711. Full Morrocco. P. Blakiston's Son & Co , 1012 Walnut St., Philadelphia.

In 1902 the author prepared two volumes on pathology for Blakiston's Quiz-Compend Series, one volume on general and one on special pathology. These volumes proved very popular and the present larger volume has been produced. The text of the former volumes has been thoroughly revised, a chapter on the nervous system and a number of new illustrations have been added. In the section on general pathology the author introduces the subject with some very clear definitions; the study of disease conditions and the preparation of specimens are well presented. Under special pathology the morbid conditions of the various organs is given. The book is brought up to the latest advancements. It will prove a most valuable book to students and its enlarged form will make it useful to practitioners. The illustrations are excellent and many of them are colored. The volume is beautifully bound in full morocco with gilt edges.

DOLLARS TO DOCTORS, or Diplomacy and Prosperity in Medical Practice. —By N. E. Wood, A. M., M. D. Pages 272. Cloth. The Lion Publishing Co., 356 Dearborn St., Chicago.

The author outlines the purpose of the book in his preface as follows: "The need of commercial information, and a knowledge of professional diplomacy on the part of physicians entering practice and of those long in the field, who have never been able to secure a suitable competency, has been apparent to the writer for many years, and in the following pages it is his aim to incorporate just such needed information, gained through extensive experience with all classes of humanity, in both medical and surgical practice, as shall spare the novice, and the physicians who lack care in case-taking, and are not familiar with the commercial management of professional business, the painful experience of disappointment, and possible financial failure."

The author does not believe in existing ethics but believes in the application of business principles, advertising when necessary, and securing financial reward this side of the grave.

COMPEND OF DISEASES OF THE EAR, NOSE AND THROAT.—By John J. Kyle, B. S., M. D., Lecturer on Otology, Rhinology and Laryngology in the Medical College of Indiana; Oculist and Aurist to St. Vincent's Hospital; Aurist and Laryngologist to City Hospital, Indianapolis, etc. Pages 280. 85 Illustrations. Cloth, 80 cents net. P. Blakiston's Son & Co., Philadelphia.

This compend is especially intended for students and for general practitioners engaged, in a limited way, in treating ear, nose and throat. The work is mainly devoted to diagnosis and treatment. Many formulae are given which the practitioner will find useful. The book mentions most of the newer procedures in treating these diseases, and for this reason many will

find it worth buying as a supplement to older and larger treatises which they may have. The author has very nicely attained the purpose of the book.

THE PRACTICAL CARE OF THE BABY.—By Theron Wendell Kilmer, M. D. Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv-158, with 68 Illustrations. Extra Cloth, $1.00, net, delivered. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia.

This little book contains an immense amount of information which will be found of practical value by the mother, the nurse and even the physician. All the details of the care of the baby are plainly given. Proper bathing, feeding, clothing, etc., are all explained and the care of the child during various diseases is presented.

The author believes the easiest way to teach is by illustrating, so the book abounds with excellent illustrations. The paper, print and binding of the volume are unusually good. The book will doubtless have a large sale as there is an extensive field for such a work.

REPORT ON MEDICAL EDUCATION.—Issued by the Illinois State Board of Health. Cloth.

This volume contains a large amount of useful information and will often be used for reference. It represents a large amount of work by the secretary of the board, Dr. J. A. Egan. The contents of the volume are:

Medical Practice in Illinois, Medical Colleges in Illinois and Faculties, Medical Societies in Illinois, Pension Examining Boards in Illinois, Requirements for Practice in the United States, Medical Colleges in the United States and Register of Physicians.

BOOK NOTES.

The Lambert Pharmacal Co., of St. Louis, issues a desirable office calendar for physicians' use.

Dr. Miller's article in the February Recorder will be on "Hallux Valgus," and will be illustrated with a number of especially fine drawings.

Huston Bros. Co., Chicago, have issued a very neat 1904 calendar. It has a picture of the new Chicago postoffice and is made of aluminum.

M. J. Breitenbach Co., of New York, have sent us a copy of their Physician's Memorandum Book for 1904. It is bound in cloth and makes a good record book. It is sent free to physicans.

Battle & Co., of St. Louis, have commenced the publication of a series of colored bacteriological charts, which physicians will find useful. The first one has just been issued and will be sent free to all physicians desiring it.

We have received the last two reports of the Supervising Surgeon-General of the Marine Hospital Service. These volumes may be obtained through your congressman or by addressing the office of the Surgeon-General Marine-Hospital Service.

The Antikamnia Chemical Co., of St. Louis, always issues an artistic calendar. The calendar for 1904 has a beautiful face of a sister of charity.

It is elegantly printed and worthy of a place in every physician's office. A copy is sent free to every physician.

"The World is Idea," by Herman Gasser, M. D., is a booklet on psychology which has recently been issued. Recorder readers know that Dr. Gasser is a close student of psychology. Doubtless those interested in the subject can obtain a copy by addressing the author at Platteville, Wis.

It pays to bind your medical journals and then they can be quickly referred to. We are binding 1903 Recorders for our friends now. We bind it in black leather back and cloth sides with gold lettering on the back and send it by prepaid express for 65 cents. There is a lot of practical information in the volume.

Annals of Surgery for January is a notable issue of this journal. Two articles worthy of special mention are: "Intestinal Perforation in Typhoid," by Drs. Harte and Ashhurst, of Philadelphia; "The Mixed Tumors of the Salivary Glands," by Dr. F. C. Wood, of New York. Each number contains 160 pages of reading matter. The magazine is published by J. B. Lippincott Co., Philadelphia.

"Suggestion" for January is a very bright number of this interesting magazine. Some of the leading articles are: "Psychical Progress," by Sheldon Leavitt, M. D.; "The Great Psychological Crime," by Prof. Edgar L. Larkin; "The Tissue Salts," by W. S. Ensign, P. Ch.; "Mineral Water Sermonette," by Geo. Thomas Palmer, M. D.; "The Riddle of the Universe," by H. N. Casson; "Triumphs in Attaining the Physical Ideal," by Mary Frazee. Recorder readers can obtain a sample copy of this magazine free by addressing 4074 Drexel Boulevard, Chicago. It is worth sending for and if you read a copy it will start you to thinking.

A. W. Rolker has a most interesting article on "Zoo" anima's, in January McClure's—"The Wild Animal Surgeon and His Patients." The "patients of which Mr. Rolker tells comprise a monkey, an antelope, an elephant, a tiger, a lioness, a camel and a crocodile. The silent suffering of the poor beasts enlist our sympathies, and the wonderful skill of the wild animal surgeon in relieving them arouse our admiration, and altogether the article is a charming one. A strong article is "Can the South Solve the Negro Question," by Carl Schurz. Miss Tarbell's article in the series on the history of the Standard Oil company is entitled, "The Fight for the Pipe Lines." James M. Wells contributes a stirring article, "Tunneling Out of Libby Prison." The number contains the usual amount of fiction and pictures.

A leading article in January Success is "The Men Behind the Headlines," by Henry Harrison Lewis, and tells how success in journalism has been attained by some of the greatest newspaper editors and publishers in America. In a strong article Owen Kildare gives an insight into the methods employed in rescue work in the slums of New York City. Mr. Kildare believes that the money secured for Christmas endeavor is enough to accomplish great results if it were properly administered, but, as he says, "wherever the work is founded on hysterical emotion it is carried on by incompetents and falls short of accomplishing its purpose,—the true man-making of the fallen," "Washington as a Social and Intellectual Center" is the topic of an article by Walter Wellman, who gives some interesting information about the life and people of our beautiful capital.

What's happening in Washington is of paramount interest to the American public, and in Everybody's for January is found "What will Congress Do," written by no less an authority than the ex-Speaker of the House, David B. Henderson, of Iowa. It is Mr. Henderson's first excursion into the magazines, and he goes. at his explanation of the three great questions—Finance, Tariff, the Canal—in the direct, logical way characteristic of him. However, this is but one good thing in this active monthly. Nothing could be more refreshing than E. M. Kingsbury's analysis of "John W. Gates, The Forgetful Man." Everybody's does not regard the millionaire as the noblest citizen of the Republic, and this is a robust, if irreverent treatment of the great speculator, but delightfully clever and amusing. There are eleven stories in the January issue—healthy, virile, entertaining yarns, more taken up with action than psychology, belonging to the brand of fiction which is helping Everybody's circulation grow so fast.

The January issue of the Metropolitan Magazine is an extraordinary number, as it contains both a Christmas story, "The Christmas Peace, by Thomas Nelson Page, as well as "A Christmas Reverie," by Bliss Carmen, and was on the news-stands some days before Christmas. Maurice Hewlett's great romance, the captivating love story of Mary, Queen of Scots, will continue to delight the readers of the Metropolitan for months to come. The "Confessions of a Wall Street Private Secretary" bids fair to become one of the literary events of 1904. The writer, who holds the position of private secretary to a Wall street magnate, and signs herself "Jane Wade," shows remarkable insight into the doings of the people who revolve around the country's financial centre. The story is told in serial form, and and no one who reads the initial chapter will fail to follow the people who move in this stirring drama. "The Real Parsifal," by James Huneker, who is the dramatic and musical critic for one of New York's (in fact, this country's) greatest papers, will, coming as it has just before the first performance of "Parsifal" in New York, cause a great deal of comment. The number is well illustrated.

Mr. Edgar Fawcett's many warm admirers will welcome a new novel from his pen in the New Year's number of Lippincott's magazine. The title is "Doreen" in honor of its heroine, a young English girl whose destiny is fixed by a chance resemblance she bears to a girl who has died, lamented by parents and lover—though from far different motives, which works along to a triumphant finish. The author of "The Woman Who Toils," Marie Van Vorst, contributes a short but masterly tale called "The Lady and the Property." Prof. A. Schinz, of Bryn Mawr College, presents a plea for a National Theatre. He gives some interesting facts about the attempts towards this end in France, and closes by intimating that unless other nations hurry up their plans America may be the first to realize a great popular theatre. Geo. Moore's "Avowals" are continued this month by a paper discussing the relative characteristics of Loti and Rudyard Kipling. Of the former he says, "His phrases flows like water colors beautiful blossoms." And of the latter that, "he knows nothing of the heart, far he can only observe, and the heart cannot be observed." A witty contributor calls the "Walnuts and Wine" department the magazine "dining-room," presumably because there's "plenty of spice and all that's nice" to be found there. Lippincott's always contains a great variety of good fiction.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

THE TREATMENT OF EXOPHTHALMIC GOITER.

By C. W. McIntyre, M. D., New Albany, Ind.

In the treatment or goitrous patients two indications present themselves: The first concerns us with such therapeutic measures as are indicated to meet the symptoms. The second indication comprehends the means at the disposal of the physician for bringing about resolution in the thyroid gland.

Moderate exercise is indicated and essential, but when this is overdone the patient is made worse. These patients should avoid lifting or the carrying of heavy weights. When the patient is anaemic some eligible preparation of iron is indicated and should be employed.

Very often goitrous patients have an extreme degree of nervousness. In instances of this character we should give the bromides in such quantities as will bring relief. Often valerian will answer this purpose admirably.

Digitalis and strophanthus may be required to regulate the heart's action. It is well, however, not to rely too implicitly on these drugs. They are often most prejudicial, and rarely can they be relied upon.

To establish resolution no remedy has found such favor with the profession as iodine. Thyroid extract has been tried, but its employment on a large scale has not justified the belief that it is more valuable than iodine. In fact, the preference is given to iodine by the great mass of the profession, and the evidence in its favor may now be said to be overwhelming.

Much prejudice has, however, been engendered against iodine because we have not always seen it exhibited in a form that will insure its action and still avoid its unpleasant effects.

I have for some time employed Burnham's soluble iodine, this being a nonirritating, free iodine that is readily soluble in the gastric juices, and which enters the system unchanged. I prefer this preparation to the iodide of potassium and other similar agents for the above reason and because its action is more certain. To 1 or 2 drachms of Burnham's soluble iodine enough water or simple syrup is added to make 8 ounces. Of this a teaspoonful is to be taken three or four times daily until the enlargement of the thyroid has disappeared.

In cases seen early we shall have the pleasure of obtaining good results if the treatment is persevered in by our patient. Of course, this statement does apply to those patients whose physical condition is below par to a decided extent or who have some associated disease.

Case 1.—M. S., aged 13. This girl came to me for treatment of goiter. Her thyroid gland was considerably enlarged, but she had no appreciable nervousness nor cardiac distress. I told the mother that I thought she would get well and recover perfectly if she would take the treatment. She was accordingly put on iodine in the manner already described. She took a teaspoonful an hour before meals. She persevered in the employment of the remedy for four months, at the end of which time she was well. She did not have iodism at any rate.

Case 2.—Mrs. S. Q., aged 29. This

lady had a goiter of appreciable size developing, and she was in the greatest distress of mind as to its possible outcome. She also was put on Burnham's soluble iodine and made a complete recovery in three months. She did not experience any gastric or other untoward effect from the treatment.

Case 3.—Mr. J., aged 20. This young man was of a nervous temperament, and now had a goiter that had grown to such a size as to make its presence visible. He was very nervous and was low spirited. He was given valerian and bromides to allay his nervousness, and Burnham's soluble iodine was taken for four months. This patient also recovered entirely.

Consideration for space will not permit of a further citation of cases.—Medical Bulletin.

REMARKS ON GLYCO-THYMOLINE.

By W. R. D. Blackwood, M. D., Philadelphia, Pa.

For many years past this preparation has been one of my mainstays in diseases of the mucous membranes, and it has held its place despite the trials of many other agents warranted to supplant it by the advocates who decried glyco-thymoline when I spoke of its virtures. Space is now getting too valuable to waste with long detailed descriptions of separate cases, and anyhow I never did write in that manner. I think general remarks about agents is the better way, and we need this more than stories of symptoms and temperatures, with daily alterations No class of maladies is more troublesome than disorders of the mucous membranes, and none more difficult to eradicate thoroughly, and we have been put to our wit's end many times for remedial agents in such cases. The local treatment of catarrhs is frequently disappointing, and none more so than that prevalent one, post-nasal catarrh. Unless we can get an alterative condition established little good is done, and nothing has been of greater service to me than glyco-thymoline, locally and internally, in several hundreds of long-standing and severe cases of this intractable and common affliction. I have come to regard this preparation as a standard and almost routine remedy. I seldom care for a post-nasal trouble without prescribing it at the onset, and if I don't it is not long before it comes into use. It is just alkaline enough; just so as to the dialysis (the action locally with exactly the right amount of fluid excretion through the diseased membrane); just enough astringent without drying the parts; and just the right thing in the direct line of reparative work; it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be glyco-thymoline. For years I used the so-called antiseptic tablets of boric acid, salt, glycerine, etc., and with good results, but for a long time past this is thrown aside and the glyco-thymoline takes its place. I use it in about half strength with a "Birmingham" douche, and from twice to four times daily. With this, in bad cases, I give it internally, adding to it, or giving separately, mercuric bichloride, and if done separately the menstruum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhea and in recurring attacks of what too many physicians deem appendicitis, I use this agent freely, and always with good results. As a local application to foul ulcers, and especially to hemorrhoids, I think

this preparation is very good. In the nasty leg ulcers which now and then defy all remedies glyco-thymoline does wonders—it can't do harm any time—and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine; in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally, and in balanitis it stops the trouble at once.

ORGANIC IRON MEDICATION IN SECONDARY ANAEMIAS.

A CLINICAL AND HEMATOLOGICAL STUDY.

By Lino S. Chibas, M. D., New York.

Senior Assistant House Physician, Columbus Hospital, New York,

And G. A. De Santos Saxe, M. D., New York.

Assistant Pathologist to the Columbus Hospital, New York.

A great deal has been written in recent years on the value of the various new organic iron compounds in the treatment of anaemia, and our only excuse for the presentation of this report is that every new series of clinical observations, made with due consideration and accurately recorded, is of value in confirming or disproving some fact or theory in medicine.

The problem of treating secondary anaemias is an interesting one. In each case there is, in the first place, the primary factor, be it loss of blood through hemorrhage, spontaneous or traumatic; or be it the lowering of the functional activity of the blood-forming organs wrought by disease somewhere in the body, or by the action of toxins; or the direct destruction of the red cells and their hemoglobin in the circulating blood by some more violent toxic agency.

The first question therefore, is how to remove the primary factor, or, at least, how to arrest its influence on the state of the blood. The second is, how to improve the state of the state of the blood, so as to give it a new lease of life by increasing the amount of hemoglobin—that prime agent of oxygen exchange—and the number of red cells, the carriers of this agent.

In each individual case of secondary anaemia there are different obstacles to be overcome as regards the primary factor, and therefore the treatment of the primary disease varies; but the therapy of the secondary condition is alike in all cases. Iron and its assistant, manganese, are the specifics to which we must have recourse—of that there has long since been no doubt—but the form of iron that should be used for this purpose is another question.

The problem as to the exact site and mode of absorption of iron which is administered therapeutically has occupied pharmacologists for a number of years, and a great deal has been has been written on the subject, and yet, there is still no agreement even as regards some of the essential points of this question. Is iron absorbed at all in the inorganic state? If so, in what form and in what quantities? What form of iron is most readily absorbed? How does iron act if it is not absorbed, or if only infinitesimal amounts, totally inadequate for the needs of the body, enter the plasma and are taken up by the molecules of hemoglobin? All these questions have been discussed and rediscussed, but as yet, as Hammarsten says: "The action of the iron salts is obscure."

In a clinical article we are not called upon to go into details in discussing the various phases of the question as to the absorption and mode of action of the iron salts, but a few words may be said to show the present status of the subject.

Whether iron compounds of the inorganic group are absorbed at all, is a question of subsidiary interest iu the present inquiry. There are two diametrically opposite views on this question, Bunge and his pupils say that inorganic iron salts are not absorbed in any amount, however small, and that Blaud's pills and similar preparations act only by combining with the hydrogen sulphide and the alkaline sulphides of the intestine, thus preventing the decomposition of the organic compouns of iron existing in our food, especially in vegetables, and so permitting the absorption of these compounds into the blood. The opposite view is held by Quincke and others, but the balance of evidence is in favor of Bunge's hypothesis. The well known fact that enormous doses of iron are required to produce appreciable effects in chlorosis supports this theory. Thus, if a woman takes six grains of reduced iron three times a day, eighteen grains daily, it will take weeks to restore her to her normal condition if her hemoglobin has fallen to 50 per cent. And yet, the entire amount of iron in the blood of a normal woman of average weight is only thirty grains, so that if the inorganic iron were absorbed, as some observers claim, a few days would suffice to restore the balance of hemoglobin and red cells.

On the other hand, organic iron compounds, especially such as are composed of iron with a proteid substance that resembles as closely as possible the proteids of the food as they occur in the intestine (e. g., peptones), are undoubtedly absorbed in the blood in sufficient amounts to produce a comparatively speedy therapeutic effect in anaemia, without injuring, as inorganic compounds often do, the epithelial covering of the stomach and intestine, and thus causing gastro-intestinal symptoms summarized under the two general headings of dyspepsia and constipation. It is these advantages that led to the general adoption of the iron peptonates, albuminates, etc., as the remedies to be preferred in the treatment of anaemia. In this report we deal with one of these preparations, that known as pepto-mangan (Gude) in which iron and manganese exist in the form of peptonates. Gude's pepto-mangan has been used for a long time at the Columbus Hospital as a matter of routine in all anaemic patients during convalescence from prolonged illness or from operations. The satisfactory results which have been obtained with this preparations have been noted, in a general way, by the visiting staff as well as by the house physicians, but until now we had made no study of the exact results, as attested by the examination of the blood before and after the initiation of the treatment.

In order to determine more accurately what could be expected of pepto-mangan in secondary anaemias as they occur in a general hospital, we studied a number of cases in the medical, surgical and gynecological wards. Of these a majority were in the services of Drs. Ramon Guiteras and Egbert H. Grandin, visiting surgeon and visiting gynecologist to the hospital, and take this opportunity to acknowledge their courtesy in permitting us to pursue this work.

On reviewing the results obtained, we find that, considering the diversity of cases studied under the influence of pepto-mangan, the ratio of increase in the hemoglobin and red cells was very uniform. In one case only of the twelve studied in detail, there was no improvement noted in the anaemia, and that was a hopeless case of tuberculous peritonitis, in which, however, the patient was discharged improved as regards her abdominal symptoms after operation. In another case the improvement was but slight, but

this was a patient with renal tumor, and a marked cachexia. These two cases were as severe tests as an iron preparation could be subjected to, and perhaps the paucity of the results is not to be wondered at in these instances.

In the remaining ten cases reported the results were very satisfactory for the short duration of the treatment. There is no question but that a few weeks longer would have brought most of the "improved" cases up to the point where we could say that the anaemia was "cured". But unfortunately our patients belonged to a class in which every day spent in a hospital counts in privations for others who depend upon them, and we have been often obliged, upon the insistent demands of the patients and their friends, to discharge convalescents at the earliest possible date.

In addition to the forty-odd cases which we studied this winter, peptomangan has been used in the hospital for over two years in anaemic convalescents, with uniformly satisfactory results. In none of the cases under our observation did any untoward symptoms accompany or follow the use of this preparation. In no case did constipation, nausea, headache or digestive difficulties follow its administration.

The results recorded here correspond with those obtained with the use of pepto-mangan by Loomis, Van Schaick, and von Ramdohr, of New York; Peterson, Perekhan, Doehring, of Chicago; Wolffe, of Philadelphia; Summa, and Bauduy, of St. Louis; Von Ruck, of Asheville, N. C.; McGuire, of Richmond, Va.; Frieser, and Pohl, of Vienna, and Fasano, of Naples.

On the whole, therefore, we have found pepto-mangan a very satisfactory and efficient hematinic in secondary anaemias.—International Journal of Surgery.

RHEUMATIC PAIN AND FEVER.

In the Medical and Surgical Bulletin we find the following under the caption of "Acute Articular Rheumatism" by Dr. E. G. Evans: "Salol is the best intestinal antiseptic we have and antikamnia as a pain reliever is, without doubt, unsurpassed, therefore, the combination of these two remedies in the form of the well known 'antikamnia and salol tablets' affords us the ideal medicament for pain and fever in rheumatic conditions. Patients appreciate the fact that when administering antikamnia, you relieve the pain without giving them morphia, while the salol acts as a germicide and antiseptic, tending to ameliorate generally, the symptoms of the disease. Antikamnia and salol tablets (each tablet contains 2½ grains antikamnia and 2½ grains solol) are best given in doses of two tablets every three hours until ten or twelve tablets are taken during twenty-four hours. The patient's bowels must be kept open and the diet should be light. Alcohol is contra-indicated and water should be freely and frequently given. The bed covering should not be too heavy, but warm. Cold water packs, as well as hot fomentations are very beneficial.

In the functional wrongs of women Daniel's conc. tr. passiflora incarnata exerts a remarkable curative influence. It is indicated for all disorders of the female system, such as dysmenorrhea, leucorrhea and menorrhagia. In acute congestive headache, chronic insomnia, neurasthenia and nervousness produced from any cause passiflora acts readily, giving instant relief and inducing healthful sleep, from which the patient awakes refreshed and in a possession of his normal faculties. It is unequaled as sedative, hypnotic and antispasmodic.

BRIEF MENTION.

Don't get rusty; read plenty of live medical Journals; the Recorder is one.

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Write A. H. Robins, Richmond, Va. for a free sample of his pill cascara compound; your armamentarium is incomplete without it.

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For good signs and sign letters write Geo. Steere, 256 Clark St., Chicago. If you want something nice at the right price this is the place to send.

The Aulde Chemical Co., 1013 Arch St. Philadelphia, has issued a valuable lot of literature on cellular therapy. You can get this free and it is well worth sending for.

If you want a good remedy for epilepsy use Dr. Towns' epilepsy cure. Dr. W. Towns, Fond du Lac, Wis., will gladly give full information regarding it.

Phenadul is an antiseptic powder possessing properties peculiarly its own. Send for free sample to the Andrew Chemical Co., 6 Merrimac St. Boston, Mass.

Bioplasm is a good remedy for nerve debility and degeneration, locomotor ataxia, etc. For literature regarding it write the Bioplasm Co., 100 William St., New York.

The greatest surgeons in the world now use the ambulatory pneumatic splint. Write for booklet of information to the Ambulatory Splint Manufacturing Co., 164 Randolph street, Chicago.

The last Journal of the American Animal Therapy Association contains nearly 100 pages of reading matter, You can get a copy free by addressing the editor, Stewart Building, Chicago.

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Dr. Becker's compound digest cures many stomach troubles. It has been in use for years with a pleasing record. Send for free sample and try it. Address Dr. Becker Digest Co., 107 Dearborn St., Chicago.

The dry hone is a wonder for keeping razors and knives sharp. We keep several on hand and use them constantly with great satisfaction. For information regarding them address E. A. Harrington, Waukesha, Wis.

Hernia can be successfully treated by the "Ideal" treatment. Many physicians are getting splendid results and making money by using it. The Ideal Chemical Co., St. Paul, Minn., will gladly send booklet regarding it.

Chloropepsoid is a preparation of great value in the treatment of gastric catarrh. It is used in stomach troubles by the best physicians. For full particulars regarding it address the Mueller Chemical Co., Lima, Ohio.

Arsenauro is the remedy in diabetes. Many clinical reports establish its value beyond a doubt. If you are not familar with the remedy it will pay you to send for literature to Chas. Roome Parmele Co. 45 John St. New York,

A reliable aphrodisiac is doubtless just what some of your patients are looking for. Dr. Mann's aphrodisiac is the one to supply as the doctor guarantees it to be satisfactory. Write Dr. Wm. B. Mann, Evanston, Ill,, regarding it.

Chemical lymph has passed the experimental stage and has established its value in many chronic disorders. Notice the advertisement on another page and write the Chemical Lymph Co., St. James Building, New York, for any desired information.

We have found triacol very useful in chronic bronchial troubles. It is not a secret preparation but a compound of three guaiacol salts. Full information and free sample to Recorder readers. Address the Alpers Chemical Co., 4 and 6 White St. New York.

Every successful practitioner wants a good urinary antiseptic for use in pyelitis, nephritis, prostatitis, cystitis, urethritis, etc. Uriseptin is just the remedy as clinical tests have proven. Write for particulars regarding it to Gardner-Barada Chemical Co., 42 River St., Chicago.

Boston Electrical Appliance Co., 318 Tremont St., Boston Mass., is an

old reliable firm whose electrical appliances can be relied upon. Before buying any electrical appliances send for their catalogue. They make the best of goods and the prices are right.

Dr. Maximilian Herzog who has been conducting a laboratory in Chicago has been appointed government bacteriologist at Manila. His Chicago laboratory has been advertised in the Recorder for some time. Dr. Herzog is worthy of the honor bestowed on him.

Dr. W. A. Fisher, President Chicago Eye, Ear, Nose and Throat College says: I have used iodo-nucleoid in my clinic long enough to know that it will accomplish all that can be done by the use of potassium iodide, without any of its disagreeable effects.

I have used aletris cordial, Rio, for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The aletris cordial, Rio, has for a number of years been a great favorite with me in derangement of the female reproductive organs, therefore I recommend it as a tonic in uterine troubles, as it will give satisfaction to those afflicted with such diseases.—C. A. Goshen, M. D., Petaluma, Cal.

An Associated Press dispatch, announcing the death on January 4, from typhoid fever of a member of the "great" Michigan football team, tries to connect it with injuries the young man received in the game with Minnesota on October 31. To the medical mind the absurdity of this is plain, as typhoid fever can only result from specific infection. As football has to answer for many just charges, it is unfair to try to make it responsible for fatalities of which it must be innocent.

I have used sanmetto extensively in my practice, and am now prescribing it two or three times daily, and have to meet with the first disappointment in well chosen cases. I use it with feelings of assurance in urinary irritability in the aged of both sexes; in enuresis in children; and in sexual atony, especially the sexual aversion among women with mammary non-development or mammary atrophy, because of nursing. Its action seems to be very remarkable upon the glands of the genito-urinary tract. Many cases of immature organs rapidly develop under its use, and the atonic condition of abused organs relieved. I like sanmetto and shall continue its use where indicated.—John D. North, M. D., Jackson, Michigan.

One of the pleasantest events of the holiday season in the drug circles was a buffet luncheon given on last Thursday by Fairchild Bros. & Foster to their employes. It was a complete surprise to the guests, who numbered about 140. A big table in the work room on the fourth floor at 74 Laight street fairly groaned with all the good things perpared by Maresi's chefs, and was decorated with potted plants presented to members of the firm and office staff. B. T. Fairchild welcomed the guests to the "Christmas party," as it was called, and E. W. Dusenberry responded, after which Messrs. S. W. Fairchild and M. G. Foster also spoke. There was music during and after the luncheon, which began at 12.30, and at three o'clock the annual presents in gold were distributed among the employes, and the rest of the day was declared a holiday.—Pharmaceutical Era, Dec 31.

PROPER COMMERCIALISM IN MEDICINE.

In an editorial entitled, "Medicine as a Business," which appeared in a recent number of the Wisconsin Medical Recorder, and which our readers will find on another page, attention is forcibly called to the fact that physicians as a class must in the future be more business-like in their methods of dealing with the public than has heretofore been the case, if they are to be fairly successful from a worldly point of view, and able to support their families and themselves in reasonable comfort, making proper provision for their old age and for those dependent on them.

While we hope that physicians, individually and as a class, will continue always to make the welfare of their fellow-beings the chief object of their professional life, and that they will never willingly place in advance of this the desire to make money, we do hope that better business methods in professional circles will soon be recognized as necessary and proper.

Those engaged in commercial pursuits rightly consider that a business is only properly conducted when it pays its expenses and leaves a reasonable profit to those who have invested their capital in it; hence physicians, individually and collectively, must come to recognize the lack of wisdom in freely giving their time to individuals, institutions and communities who are able to pay for such services, but who are unwilling at the present time, for some reason or other, to do so.

Physicians in estimating the money value of their services should take into consideration the daily and yearly cost of living, to which must be added the interest on the money invested in their education, plus the value of the experience gained year by year in the practice of their profession, and the moral and legal responsibilities involved in the services rendered.

Too much stress cannot be laid on the importance of keeping proper accounts and rendering bills to all patients at short and regular intervals, and the sooner these things are generally recognized by the members of the profession the better it will be for all concerned.—The New York State Journal of Medicine.

The above is the leading editorial in the New York State Journal of Medicine for January. The article on "Medicine as Business" was by Dr. H. Speier in "Rundschau" in the November Recorder. These articles show which way the wind blows.

RHEUMATIZ.

By C. E. Boynton, B. S., M. D.,
Smithfield, Utah.

If you wish to treat successfully
  A case of rheumatiz,
Make a careful diagnosis
  To determine what it is.
Then see that he evacuates
  'Till all within is clean,
And bid him feed most tenderly
  His overtaxed machine.
Then watch his cardium pulsate,
  And bid him lay quite still,
And rub his aching body
  With some methyl salicyl,
Surround with gutta-percha leaf,
  Or bandage wet with oil,
And handle every part with care
  As tho' it were a boil.
Some colchicine you may wedge in
  And give gaultherium,
But more than this you must not miss,
  To watch that cardium.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. VII. JANESVILLE, WISCONSIN, FEBRUARY, 1904. NO. 2.

LEADING ORIGINAL ARTICLES.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 4, January Recorder.)

HALLUX VALGUS.

This condition is due to the wearing of shoes which are too short, too narrow in the toes and too small. It is said to begin frequently in early life but we are not consulted for its relief until the patient has reached adult life. Much of the development occurs after the patient has reached the age when cognizance is taken of the styles in vogue. This is seldom very early in childhood. The condition consists of an outward turning of the great toe and when at all marked is accompanied by various pathological changes in the parts, which are of importance. The condition causes trouble, whenever the inner condyle of the metatarsal bone becomes sufficiently prominent to be subjected to much pressure and friction. The patient then suffers from inflammation of the bursa which develops over the prominent condyle and consults for what is commonly, termed "a bunion". Now, where inflammation alone exists, the condition may be temporarily relieved by the "bunion plaster", a device which will prevent pressure being made over the prominent inflamed part. The disadvantage of such treatment lies in the fact that the parts are again irritated when the plaster is discarded.

Other conditions make radical relief desirable. The patients are annoyed by the ugly deformity. Then they are more or less crippled by the stiff, inelastic gait, which they develop. This hobbling is doubly irritating to these patients, who have tried to improve their gait and beautify their feet by stylish shoes.

A number of pathological changes occur in these cases, Among the most important might be mentioned the dislocation of the phalanx, the hypertrophic changes in the condyle, the dislocation of tendons, and shortening and thickening of the capsule on the outer aspect of the joint and the thickening of the soft parts over the inner condyle.

The great toe, as a rule, lies above or below the adjoining toes. Attempts at correction by splints and apparatus will prove ineffectual in adults. In

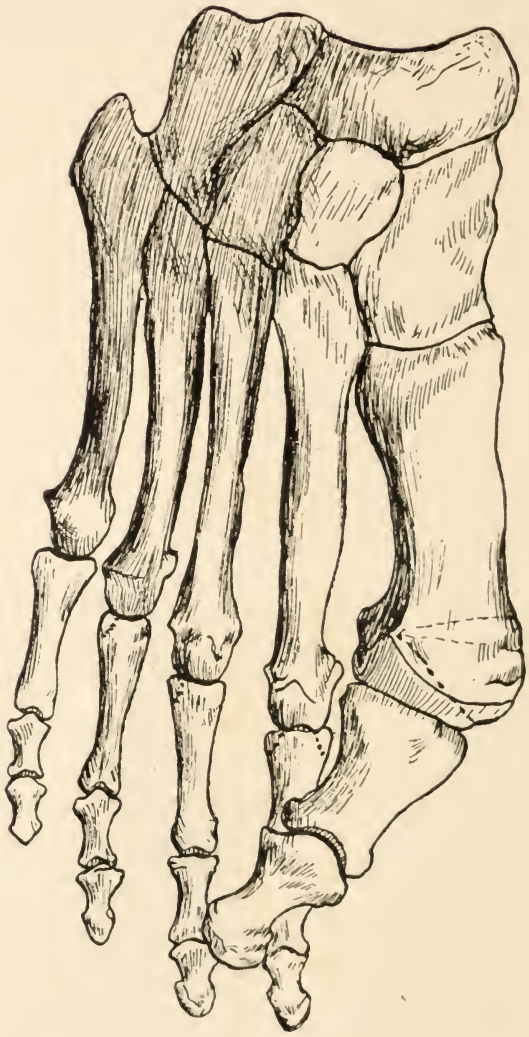


FIG. 1.

Fig. 1 illustrates the bony changes to be observed in hallux valgus. The metatarsal bone is markedly altered. The inner condyle is greatly enlarged, causing the outward turning of the great toe, which has suffered little change so far as the bony parts are concerned. The dotted lines show how cuneiform osteotomy may overcome the deformity, where the articular surface of the bone is not eroded.

Some operators remove the entire articular surface, which will cause marked shortening of the toe and at the same time healing results in anchylosis at this joint. Anchylosis is to be avoided by the preserving of a portion of the articular surface.

On the outer aspect of the joint the soft parts are shortened, and interfere with returning the toe to its normal position unless they are divided. Where this point is kept in mind the toe can often be restored to its normal position without sacrificing as much bone as would otherwise be demanded.

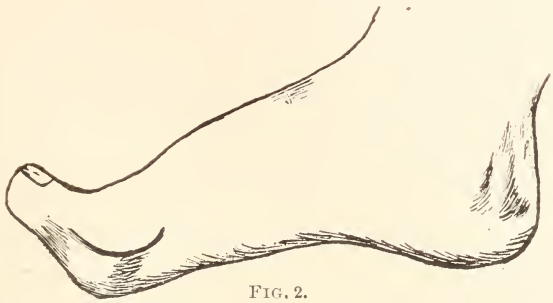


FIG. 2.

Fig. 2 illustrates the line of incision. The object of the curved incision is to avoid that portion of the foot which is likely to be subjected to greatest pressure. The superficial parts are divided and turned back, the joint freely exposed and the bony deformity dealt with as thought best.

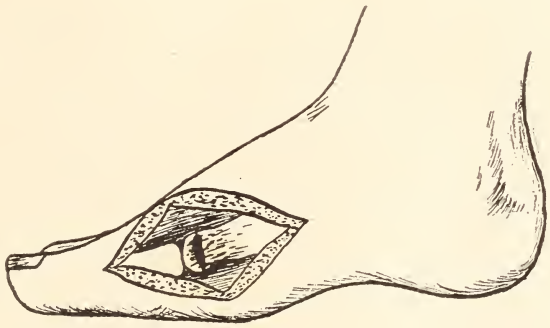


FIG. 3.

Fig. 3 illustrates the condition which best meets the requirements for securing a permanent result. The bone has been divided, the excessive development of the condyle has been overcome and the capsule has been divided on the outer aspect of the foot so that the toe rests in its natural position without any tendency to again turn outward. A plaster of Paris dressing is applied after the superficial parts have been sutured.

FIG. 4.

FIG. 5.

Figs. 4 and 5. Hammer toe is a condition which varies as to the degree of severity of changes present. Mild cases where there is merely a contracture of the lateral ligaments or of the tissues on the under surface of the toe may be relieved by a subcutaneous division of the contractured tissues. More severe cases may be relieved by resection of the affected joint, while the worst cases can only be relieved by the amputation of the toe.

children these are recommended by orthopedic surgeons. I am glad somebody sees these cases during childhood —very few practitioners or general surgeons will.

Operations, to be effective, must overcome the dislocation, and in so doing remove the diseased or thickened tissues. Many operations have been tried. The best plan is to remove sufficient of the hypertrophied condyle and soft parts to allow the foot to be of the normal shape and appearance, when the toe is restored to its proper angle. Then conditions must be secured, which will allow the toe to lie in this position without a tendency for the deformity to recur.

The operation recommended of cutting off merely the projecting condyle and then pulling the toe around in place, will prove insufficient unless the capsule on the outer side of the joint be divided. Some have recommended the removal of the entire end of the metatarsal bone. This will shorten the toe somewhat and thus relax the tissues on the outer side, and overcome the tendency for relapse to occur. The operation of cuneiform osteotomy is recommended. The wedge of bone to be removed should include the projecting internal condyle. Some remove the articular surfaces of the phalanx and of the metatarsal bone and aim to secure firm bony union. This is not to be preferred to leaving a movable joint. The phalanx is rarely decidedly altered. The operation is best performed through an incision which is curved and on the inner aspect of the foot in such a manner as to avoid pressure afterwards on the scar which will follow the operation.

When the flap of soft parts has been turned up, the projecting condyle of the metatarsal bone is to be removed with a pair of bone forceps. Writers recommend saws and chisels. I have found the bone forceps much more convenient. A gouge is sometimes useful in this work. The toe is then to be grasped and turned further outward so as to gain access to the capsule external to the joint and then these parts are divided freely with knife or scissors and the toe drawn around into its normal position. If it can be replaced without resistance, the flap can be sutured in place, and a plaster bandage put on to hold it thus. Should there be any resistance the operation should be continued until it is overcome. The bleeding from any vessel can be controlled by twisting or temporary pressure with hemostats. The soft parts should receive attention, if inflamed, or thickened. If a bursa or mass of connective tissue exist, either should be dissected out before closing.

These patients are best operated upon under general anesthesia. A heavy plaster cast incasing the foot will allow the patient to be up and about a few hours after the operation Cleanliness is essential.

Where both toes are affected one may be operated upon, the patient allowed to go a month or two, then the other operated upon. Then he is merely hampered with a cane for a time. Where both are operated upon at the same time he can be about on crutches soon after the operation.

Hammer toe when seen early in life or where not particularly bad may be corrected by dividing contractured tissues and dressing the toe upon a splint. More severe cases may be treated by a resection of the projecting articulation and dressing in the corrected position. Where the condition is very bad the best treatment, or at least the one most certainly promising permanent relief, will be the amputation of the affected toe at the metatarso-phalangeal articulation. When the patient submits to amputation of the toe, cocain will prove all sufficient, when properly injected,

though when dealing with a nervous patient, it is well to use general anesthesia. Sufficient soft parts are to taken from the toe to cover the raw surface left at the base of the metatarsal bone. The toe is cut away, the digital arteries can be included in the sutures used to close the deficiency left. This will save the time expended in tying them separately. The entire operation can be completed in three or four minutes.

(To be continued.)

ACUTE AND CHRONIC ABSCESS.

By Thomas H. Manley, M. D., Ph. D., New York.

A Clinical Lecture Delivered at the New York School of Clinical Medicine, July 20, 1903.

THIRD LECTURE.

Phlegmon of various types and situations, frequently calls for aggressive surgery, both for the alleviation of pain, as well as to save the system from pyaemic pollution.

We have noted that in the healthy individual, inflammation provoked by injury usually resolves itself by a process of involution, leaving only a residuum of new elements or deposits necessary for repair.

But, when the mobile shell of the stratum cornuum the stratum mucosum, or the deeper parts of the integument are penetrated by a laceration, puncture or incision, the surface defences are opened to the invasion of pyogenic bacteria from the atmosphere.

Here, true infection may occur, when inflammatory conditions only resolve in the process of pus-formation.

Inasmuch as we quite invariably discover the staphylococci or streptococci in pus wherever found, we are forced to the conclusion, that an abscess wherever located, is dependent on the presence of those invaders; whether they reach the seat of action by local penetration through the derma, or from a distant source through lymphatic vessels, we are often unable to demonstrate.

In any event, there is usually some disordered state of the system, leaving the local parts vulnerable, less resistant to pyogenic invasion.

An abscess of the integument begins as a papule, with a zone of inflamed, indurated tissue encircling it. There is a massive exudate of fibro-plastic effusion into the connective tissue, intermixed with great numbers of leucocyles. Gradually, by the stress of pressure and impaired or arrested circulation at its centre, the tissues soften, stretch and point; there is a tissue necrosis, steady and progressive, from within to the surface, until resistance is finally overcome and the phlegmon bursts, and the pus escapes, leaving after it a hollow pyogenic-membrane. Now that the pus and other degenerate elements have drained away, induration vanishes, the cavity contracts, and little or no trace of lesion remains. It is interesting and important to note that all matured abscess formation tends to point towards the surface or break through into a hollow organ or a canal: e. g., a pulmonary abscess into a bronchial tube, a pyosalpinx into the fallopian tube, a perityphlitic abscess into the colon, a renal into the pelvis of the kidney. There are of course numerous instances, when this mode of evacution fails, and we must interfere.

There is often a wide difference in the virulence of local pus formations, which a bacterial examination will frequently fail to explain. For example, at times pus may accumulate in great quantity, without any very marked systemic disturbances, at least,

without pain or marked thermal rise. Again, especially in endostal or subperiosteal suppuration, the distress may be most agonizing and the constitutional disturbances most alarming. This may also notably occur in the so-called phlegmonous erysipelas, in carbuncle, or tonsillar abscess.

Abscesses may be superficial, or deep. Furuncle is always superficial. We may regard any one as deep which lies under the strong fibrous aponeurotic envelope of the body. The deep is the borrowing, the infiltrating abscess, seen to best advantage when the lymphoid or osseous structures are the primary source of infection.

It may be inquired: "Is it possible to abort an abscess, after it has once commenced, and again, after pus is once formed, may it be dissipated by the unaided powers of Nature?"

To the first question, we may answer positively; "Yes, under various circumstances."

In the incipient stage of carbuncle, pure carbolic injection will quite invariably nip it in the bud, arrest it in the papillary stage. I am not so sure about the more common furuncle, or when the lymph ganglia are invaded. There can be little doubt but the economy can and does frequently dispose of pus, when this is well encapsulated, is not virulent, nor in large volume. The pus securely entombed in a pyogenic membrane, become sterile, its histological elements liquify, caseate, or undergo cretaceous changes; the liquid elements are resorbed. Of this, we have had undisputed demonstration, under circumstances too numerous to recite on this occasion. Indeed, in some pus formations, as those in cold abscess, from bone disease, in which incision and free drainage are not without danger to life, while they are well known to often spontaneously disappear.

As a general rule, all acute abscess formations, attended with marked local or constitutional disturbances, call for free opening and evacuation, when this can be accomplished with skill and without danger to life.

In superficial cases, there is no excuse in our day of efficient local analgesics, for inflicting pain. But, when pus is deeply lodged, and caution is to be observed in clearing the course of large blood trunks or other important structures, we must proceed with deliberation and caution: hence, the general anaesthetics are frequently necessary.

Under all circumstances, free incision and drainage are required. When we essay opening an abscess in deeply placed parts, it is a wise expedient to only make a free cut through the integument, and fascia, and then with the blunt tip of a closed scissors, or a dressing forceps, penetrate slowly but deeply in the direction of fluctuation; in other words, rather tear than cut, in groping our way into the collection of pus. In the groin and the areas of the neck, particularly, I have found this a most excellent expedient.

TREATMENT OF RHEUMATISM

By J. A. Burnett, M. D., Sullivan, Arkansas.

Most all cases of rheumatism can be relieved by giving inwardly:

℞ Salicylate of sodium
Acetate of potassium, aa., ʒvj
Glycerine, ʒvj
Aqua, q.s., ℥iv

M. Sig. Dose, one drachm every three to six hours, according to severity, and use externally:

℞ Sodium bicarbonate, ʒj
Aqua, ℥ij
Tinct. opium, ʒiv

M. Sig. Apply hot to the painful parts on flannel.

A CLINIC.

HELD BY DR. BYRON ROBINSON, CHICAGO.

Reported by Dr. Alice Conklin.

The first case is a girl of fifteen years old. She has been ill about eight months with pain on the right side. Menstruation is regular every four weeks, flows five days and is painful on the first day only. The tractus intestinalis and tractus urinarius negative. External abdominal palpation reveals a round indurated tumor located practically on the right side. It is somewhat painful, and tender on pressure. Bimanual vaginal palpation enables me to palpate the uterus distinctly and it is negative except that it is limited in mobility, being fixed to the tumor. A peculiar matter as regards vaginal examination is that no ovary can be felt unless the tumor be an ovary. The abdominal wall is sufficiently spare to feel an ovary if something peculiar did not exist. The tumor is rather fixed to the right side.

The patient has been prepared for four days by administering eight ounces of half normal salt solution every two hours for six times daily. Also evacuating the tractus intestinalis with hydrarg. chloridum mite and magnesium sulphate until the yellow bile glistens in the stool. All her visceral tracts are at their highest point of drainage or physiologic action, which enables her to withstand shock.

The diagnosis is an ovarian or parovarian tumor. Girls from fourteen to twenty-one not infrequently have parovarian tumors. The influx of blood during pubertas induces the epithelium of the uriniferous tubules of the mesonephros to proliferate and secrete, hence a parovarian cyst is the result. I doubt whether this tumor be parovarian. It feels more like an ovary with an infected expanding dermoid or a malignant ovary. The median incision for peritonotomy will be chosen and before us in the abdomen lies the pearly white tumor about the size of a ten year old child's head. We will puncture the tumor to lessen its size and consequently the abdominal incision. As we draw the partially evacuated and partially solid cyst through the abdominal wall we recognize the reason we could not palpate either ovary. You see the tumor is an ovarian dermoid with hair, large bones, molar teeth and also some definite skull bones. This tumor had rotated a half rotation on its axis and an inflammation occurred fixing it in the right side adjacent to the fimbriated extremity of the right oviduct for the tumor is the ovary of the left side. This peritoneal exudate fixing the tumor in half rotation is the cause of her considerable pain for the last four months. I isolate the arteries in the pedicle of the tumor and ligate them, for it is poor surgical practice to ligate large tissue masses. Ten years ago I advocated isolating arteries for ligation. I will ligate the left oviduct with a separate fine piece of catgut so that if the ligature does become infected from the endosalpinx it will be rapidly circumscribed and absorbed. I will remove the appendix as it will not risk the patient to any added danger, and beside the appendix lies in adjacent peritoneal adhesions. The operation on this girl has continued some thirty-five minutes and considerable number of peritoneal adhesions have been broken up. I will therefore close the abdominal incision and perforate the cul de sac of Douglas for ample and safe drainage. You observe that three to four ounces of bloody serum drains per vaginam.

The second case is referred to me by Dr. J. A. McDonell. The woman is forty-three years old and has had pain in her right side, shoulder and stomach for about a year. No jaundice, but

sharp, violent and long continued colicky pain occurs. This woman has suffered especially in her stomach. Dr. McDonell and I diagnosed hepatic calculus. She has been prepared for three days by eight ounces of half normal salt solution every two hours for six times daily, as well as about a dozen evacuations of the tractus intestinalis. Hemoglobin 80 per cent. Urine negative. We will perform peritonotomy by incising the abdominal wall for four inches along the costal arch. You will observe the peritoneal adhesions. The cholecyst contains about twenty-five large calculi of the small, black, hard variety. In the neck of the gall bladder I find a round calculus about the dimension of a pigeon's egg. It presents the typical ball valve condition so accurately described by the late distinguished Dr. Fenger. It can not be removed without fragmenting it. We carefully pack gauze about this gall bladder for it is so small thick walled, and located so far dorsally on the under surface of the liver that it cannot be moved from its location to join or be sutured to the peritoneum or abdominal wall. Besides, the gall bladder contains not only hepatic calculi but is infected, as you note the milky pus like fluid flowing from the incision in it. Now, whether bile be septic, aseptic or inocuous I prefer to drain it to the exterior. In other similar cases I have extirpated the gall bladder but this woman's condition is so grave, the adjacent structures to the gall bladder so septic that I will not extirpate the bladder in this case. I drain the wound with ten strips of gauze and the gall bladder with two strips and a rubber tube.

The third case is a very important one. It is a woman of twenty-two years, who began to suffer pain in the region of the right kidney one year ago. Her urine has been less than normal. She has lost some flesh. Urinalysis presents albumen, pus and blood. She makes seventeen ounces daily, but with five days' treatment of eight ounces of half normal salt solution every two hours for six times daily, the urine has increased to fifty-five ounces daily. It still contains pus, some albumen and little blood. Physical examination reveals a solid ovarian tumor, goose-egg size. A right kidney about one-half larger than the left, which is very tender.

The X-ray, repeated twice, after thorough evacuation of the tractus intestinalis reveals a distinct, elongated, oval shadow in the left pelvic ureter, no doubt a ureteral calculus. Cystoscopic examination reveals an almost general velvet granular appearing vesical mucosa. The right ureter appears idle, the left ureter admits ureteral catheter, about two and one-half inches, which becomes obstructed, doubtless meeting the ureteral calculus. With the Nitze cystoscope I can observe the left ureter functionating vigorously by powerful jets of urine projecting into the bladder. This case will be operated on later perhaps by right nephrectomy. She is still unprepared for a grave operation, as nephrectomy, from the irregular functionating of her renel parenchyma.

NOTES.

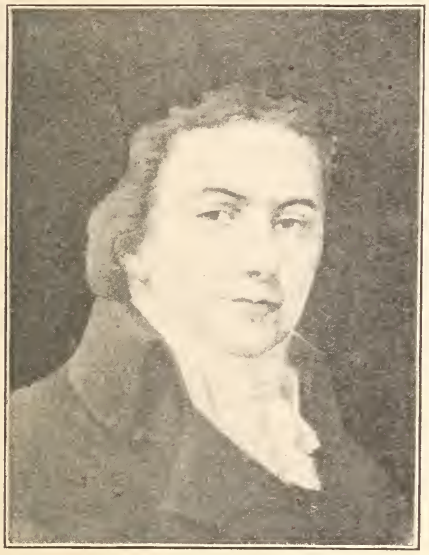
By C. E. Boynton, B. S., M. D., Smithfield, Utah.

An embryonic nerve cell grows; throws out axons and dentrites communicates with other cells thus becoming a neuron.

In the third foetal month the embryo posesses all the brain cells it will ever possess. There is reason to believe that primeval man and the savage also have possessed as many brain cells as modern civilized man.

EDWARD JENNER, M. D., LL. D., F. R. S., ETC.

By John J. Caldwell, M. D., Summit, New Jersey.



EDWARD JENNER.

The important place which serum therapy holds today in therapeutics makes the life work of Jenner of great interest to the profession. Jenner's discovery of vaccination against small-pox was the dawn of a great day in medicine. Jenner's discovery has prevented untold misery and saved countless lives.

Edward Jenner was born May 17, 1749. He was a native of Berkeley in Gloucestershire. His father was the vicar of the place, and his mother was the descendant of an ancient family in Berkeshire. In early life Jenner was deprived of his father, and the direction of his education devolved upon an elder brother, the Rev. Stephen Jenner. He attained a respectable proficiency in the classics, and his taste for natural history manifested an early development, for at the age of nine he had made a collection of nests of the doormouse, and he employed the hours usually devoted by boys to play, in searching for fossils in the neighborhood.

"No childish play to him was pleasing."

Dr. Jenner had passed nearly a half century before he made known to the world his experiments and investigations relative to the vaccine disease. His first successful vaccination was made May the 4th, 1796. His ardor from an early period had been noticed and took its rise from the following accidental circumstances. Whilst a pupil with Mr. Ludlow, a young country woman applied for advice. The subject of small-pox was mentioned, upon which she observed: "I cannot take the disease, for I have had the cow-pox." This was sufficient to excite the attention of Jenner, and the incident never escaped his recollection. It is easier to conceive than to express the emotion which would naturally spring up from the reflections upon such a subject. His benevolent feelings were at once aroused to full activity. He pictured to himself all the horrors of that pestilential and most loathsome disease, disfiguring nature's greatest work, slaying thousands upon thousands, and he was yet sufficiently young to recollect the severity of discipline submitted to by himself in the practice of inoculation, which, to use his own words, was no less than "bleeding till the blood was thin, purging till the body was wasted and starving on vegetable diet to keep it so."

The patience manifested by Jenner in the prosecution of his enquiry into the cow-pox, the scrutiny to which he subjected every appearance that presented itself, and the fortitude with which he withstood every untoward circumstance, are entitled to all praise and show forth his great capabilities for conducting a philosophical investigation. He divested the subject of all its difficulties and obscurities, and

gave to vague, inapplicable and useless rumor the certainty and precision of scientific knowledge.

"While," said Jenner, "the vaccine discovery was progressive, the joy I felt at the prospect before me of being the instrument to take away from the world one of its greatest calamities, blended with the fond hope of enjoying independence and domestic peace and happiness, was often so excessive, that in pursuing my favorite subject among the meadows, I have often found myself in a kind of reverie. It is pleasant to me to recollect that these reflections always end in devout acknowledgement to that Being from whom this and all mercies flow."

Lord Bacon hath said that "it is heaven upon earth to have a man's mind move in charity, rest in Providence and turn upon the poles of truth."

Jenner is a striking illustration of the truth of this remark. In a letter to a friend, he says: "The vaccine disease, in my opinion, is not a preventive of the small-pox, but the small-pox itself; that is to say, the horrible form under which the disease appears in its contagious state, is (as I conceive) a malignant variety."

Again: "What I have said on the vaccine subject is true. If properly conducted, it secures the constitution as much as the inoculation possibly can. It is the small-pox in a purer form than that which has been current among us for twelve centuries past."

It is interesting to record the names of those who abandoned all prejudice, and solicitous to promote a general good, submitted to the practice at its earliest period. Mr. Henry Hicks was the first to submit his own children to the vaccination. Lady Frances Morton (Lady Ducie) was the first personage of rank who had her child, and her only child, vaccinated. The Countess of Berkeley was very instrumental in forwarding it, and the children of King William IV. were vaccinated by Mr. Knight. So numerous were the enquiries on the matter; so voluminous was the correspondence, that he facetiously termed himself the vaccine clerk of the world.

The Royal Jennerian Society was established in 1803, and had the King and Queen and many others high in authority for its patrons.

On the 20th of July, 1807, the English House of Parliament passed an act which gave Dr. Jenner $100,000, as a slight token for his discovery. The Empress Dowager of Russia sent him a diamond ring, accompanied by a letter, in testimony of her admiration for vaccination. She had her first child vaccinated and named it "Vaccinoff". The Medical Society of London presented him with a gold medal. The Physical Society of Guise made him an honorary member. The nobility and gentry of Gloucestershire presented him with an elegant gold cup, and various other marks of consideration were bestowed upon him, as testimonials to the benefit he had conferred upon mankind. He was chosen mayor of his native town, and received the freedom of the corporations of Dublin and Edinburgh.

The following circumstance in this connection will be read with interest. It is a homage at the shrine of science and philosophy rarely met with: Upon the breaking out of war between England and France, among others who were detained in the latter country was Dr. Wickham, one of the traveling Fellows of the University of Oxford. Dr. Jenner was solicited to use his interference to procure his release. He addressed a petition to Napoleon for his deliverance. The animosity of Bonaparte to England was then at its height. The petition was presented to the Emperor in his carriage when they were changing horses. "Away! away!" exclaimed the Emperor. "But do you see,"

said Josephine, "from whom this comes—Dr. Jenner?" The tone of the Emperor's voice was immediately softened, and he added, "What that man asks must not be refused." The petition was granted. He also succeeded in obtaining the liberation of other individuals.

Dr. Jenner's labors seemed to be most warmly appreciated in the East. Four thousand pounds were transmitted from Bengal, £2,000 from Bombay, £1,400 from Madras, and poems were written in praise of vaccination in all quarters of the globe.

Among Dr. Jenner's last testimony was: "My opinion of vaccination is precisely as it was when I first promulgated the discovery. It is not in the least strengthened by any event which has happened, for it could gain no strength; it is not in the least weakened by failures recorded, for had they not happened, the truth of my assertions respecting those coincidents which occasioned them would not have been made out."

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 15, January Recorder.)

The only thing that stands in the way to prevent us from transmitting signals through space as far as the sun, is, some simple method of making and breaking the enormous currents generated by the Tesla's transformers, according to mathematical computation. He has reached a voltage sufficient to create disturbances, several times the known distance of the sun. But referring to the phenomena known as capacity of conductors, brings up other curious manifestations peculiar to this force. We know that it takes a certain amount of electricity to charge every conductor, according to the cross section or understood by the electrician as the number of circular mils a conductor will have, and it has given rise to considerable speculation among physicists, as to whether the current passes through the conductor, or, through the polarized molecules of air surrounding a conductor. There are many reasons to believe that the main parts of the energy is transmitted through the air, the conductor acting only as a polarizing agent. We know that if we suddenly break a conductor that the electro-motive force is increased in geometrical progression to the exciting force, something suddenly leaves the surrounding atmosphere, traveling at an inconceivable velocity towards a conductor that has lost its polarity, and upon reaching the conductor imparts a considerable amount of energy, which rushing toward the break, decays into heat, producing an electric arc, the hottest known heat, and of an electro-motive force sufficient to pass four times the distance through air, as the primary current could do, thus showing that the surrounding atmosphere is storing large quantities of energy.

Current.—The number of corpuscles that rotate in a second is called the ampere flow.

Electro-Motive Force.—The times with which the corpuscles rotate each second is called the voltage; like all other form of energy we have certain difficulties to overcome, due to physical laws, and in electricity it is called resistance, and it is measured by an absolute unit that is adopted by electricians and called an Ohm, which means the amount of resistance offered by a column of mercury 106 m.m. high, 1. m.m. in diameter, and 15° centi-

grade, and this unit forms the base for computing Ohm's laws.

A volt is the unit of electro-motive force necessary to force one ampere of current through this column of mercury, under the conditions stated. The ampere unit being determined by the amount of metal the current flow will carry from one electrode to another, when immersed in a suitable conducting liquid each second, the amount of current flow being computed by the actual amount of metal that has been transferred from one electrode to another by weight.

It is convenient many times to express work done by means of the electrical current into mechanical horse power, which has been used for years to express the factor of work actually performed, and that is accomplished by means of a unit called a watt; of which it takes 746 to equal one mechanical horse power, but for convenience of calculation, an electrical horse power is called one kilowatt or 1000 watts.

We will leave Ohm's laws for future consideration, as it is a subject that requires connected study. We will consider phenomena accompanying this form of energy.

Insulators.—Are some form of matter holding its corpuscles so compact, that under the application of the electro-motive force in moderate units they can not be made to revolve, the current seeming merely to rotate the corpuscles at right angles or polarizing them, as it is called. If we increase our electro-motive force we find that one so called insulator after another may become a conductor, as the molecular arrangement is disturbed, when suddenly the corpuscles will be rotated and our insulators are said to be punctured, and never again can they be used for this purpose, as the current will always follow its same path, other things being equal.

(To be continued.)

CATHARTICS—PURGATIVES.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

We can judge of the injurious tendency of cathartics in a diseased state of the system, by knowing their effects upon the system when in a healthy condition. Every honest physician will at once admit that the use of cathartics is injurious to persons in health, directly tending to disorder the stomach, impair digestion, lessen the determination to the surface, weaken the powers of generating animal heat, diminish the nervous influence and ultimately prostrate the functions of the bowels. If a person in health daily take a dose of purgative medicine sufficient to produce a free operation and continue the practice a few days, it will disorder the stomach and bowels to that extent that they will be left either relaxed and irritated or constipated.

Costiveness is the consequence of the peristaltic action of the bowels being in a weakened condition. Hence, costiveness is the effect, not the cause of disease, or at best it is merely one link in the chain of effects arising from loss of vital power, or a weakened condition of the principle of life. Ordinarily a patient applies to a physician for advice. He tells the doctor that he has pain in the head, feels drowsy and heavy and has no appetite. The doctor inquires about the condition of the patient's bowels; and ascertaining that they are in a constipated condition, discovers a cause for the headache and drowsiness, and directs a cathartic in order to remove the difficulty, when, at the same time, his better sense should tell him he was doing wrong. The inquiry should always be extended further, to ascertain the cause of his costiveness, and "apply the axe to the root of the tree", instead of employing means

which merely change the symptoms and interfere with the curative operations of nature. By tracing disease to its primary source we find it to arise from loss of vital power, and this should be kept in view in order to properly treat disease. Medicines often get the credit of curing disease, even when they may have had the effect to increase the distress of the patient and lengthen the duration of the disorder.

It is no easy matter to determine the effects of some medicines in slight attacks of disease, or in acute disease in general. Thus, a person by some inaccuracy in diet, or from exposure to cold and dampness, feels indisposed today, takes a dose of salts, eats nothing, or at least, only something very light, keeps himself warm, the physic operates and next day he will be almost well again, except that he will be costive a few days in consequence of the salts he has taken. The patient attributes the restoration of his health to the dose of salts; yet, doubtless his health would have been as speedily and more naturally restored by the abstinence which he had observed, and being kept warm without the purging.

Purging, like blood-letting, will modify the symptoms without removing the cause of disease, ultimately tending to disorder the system and prostrate the the vital forces. It will be admitted by every honest physician, that the use of purgatives is not only hazardous, but in very many cases if given to the extent of free purging, would cause the death of the patient.

It is by the efforts of nature to a great extent that disease is cured. Medicines are only serviceable such as aid the efforts of nature. When the bowels are too inactive or in any way disordered, the great object is to aid in restoring the proper tone of nervous influence, the only way by which the functions of the bowels can be restored to a healthy condition. The direct tendency of cathartics is to lessen the proper temperature and weaken the nervous system. I have known patients relieved of rheumatic pain by being freely purged, but I have never yet seen a patient really benefited or the cause of disease removed by such unreasonable treatment.

A physician may obtain a respectably large practice, whose course of treatment may in many instances be detrimental to the recovery of the patient. Nature still struggling against the disease and the treatment, health becomes restored and the doctor receives much credit for his skill, more especially when a patient recovers who has been nearly killed by his treatment.

The object to be kept in view in the treatment of all forms of disease, is to aid as far as we can, the efforts of nature, in order that lost action may be restored. Nature has established certain methods for removing disease and for regaining her lost power, and the use of medicine or other employment of means that do not harmonize with these curative actions, though they may change the symptoms and seem at first to procure relief, still the design of nature will be frustrated and her energies crippled.

ENURESIS.

By J. A. Burnett, M. D., Sullivan, Arkansas.

Enuresis is an inability to retain the urine. The synonyms of enuresis are incontinence of urine and bed wetting. There are a great number of causes for this disease. It may be due to some malformation of the genital tract. There may be some malformation of the spinal cord involving sphincteric centers of the bladder,

which is known as paralytic incontinence, and is easily diagnosed as there is a constant dribbling or spurts of urine during voluntary or muscular action, such as coughing, sneezing or bending the body forward, Occasionally it occurs in organic diseases of the central nervous system, such as idiocy, meningitis and tumors of the brain. In some cases it is a result of general bodily weakness or follows some exhaustive disease. In small children it may be due to a continuance of the infantile condition. It may result from local conditions of the bladder or urethra. Titilation of the genitals of boy children will, when indulged in extensively, cause a derangement of the nerve centers of the genito-urinary organs and enuresis will be produced. Excessive masturbation or sexual intercourse in men will greatly increase the flow of urine or cause enuresis by deranging the nerve centers of the genito-urinary organs. Often the cause is a partial paralysis of the sphincter of the bladder, and the bladder remains full, all the time the urine dribbling away as the bladder is overfilled.

Cystitis, anal fissure, rectal polypus, vaginal irritation caused by vulvovaginitis, vesical calculus, pressure from an anteflexed uterus upon the fundus of the bladder, and paracystitis, in some instances, but very rarely, cause enuresis.

A very frequent cause of enuresis is preputial adhesion and in all cases no practitioner should attempt to treat the disease unless making a thorough examination of the genitals.

Both sexes are about equally liable to enuresis. The severity of the disease differs greatly in different individuals.

When enuresis is due to organic diseases of the brain and cord it is usually a hopeless case, also when due to malformation, unless amenable to surgical treatment.

In treating enuresis the cause must be ascertained and removed if possible. It is thought by many practicians that enuresis of children if left alone will eventually cure itself, but this is poor practice and will never aid in making a reputation for a physician or satisfy many patients. By making a close examination the cause in most cases of enuresis can be ascertained and when the cause of it is found it will be an easy matter to treat the case and cure it if it is a case that is amenable to treatment.

If there is preputial adhesion, which is often the case in both sexes, it should be broken up at once. Preputial adhesion more often exists in girl children then in boys. If phimosis exist the patient should be circumcised or relieved by stretching, but circumcision is the best method of treatment.

When enuresis is caused by general weakness or follows exhaustive diseases the patient's system should be built up by tonics and nervines. Atropine will in many cases of enuresis give good success, but rhus aromatica will cure a larger number of cases than any other drug. It is usually best to add some nervine and tonic to rhus aromatica, especially if the patient's health is below par.

In many cases it will be necessary to dilate the rectum, and in all cases the rectum should be examined in order to ascertain whether the sphincter ani is in a contracted state or not.

It is said that the average adult should inspire about 400 cubic inches of air per minute, or nearly as much as a seven inch cubic box will hold.

Dr. H. H. Cook suggests $\frac{1}{50}$ grain tablets of sulphuret of arsenic one or two intermittently given t. i. d. for abscesses, carbuncles etc.—C. E. Boynton, B. S., M. D., Smithfield, Utah.

RHEUMATISM: ITS DIAGNOSIS AND A RECENT AID IN ITS TREATMENT.*

By Guy G. Dowdall, A. B., M. D., Clinton, Ill.

To the mind of a student of modern medicine the word rheumatism is apt to bring rather a confused idea of many possible conditions of disease. That the etiologic factors are imperfectly understood tends to increase the haziness on this subject. This is especially true of rheumatic muscular affections, particularly of the chronic variety, granting that we do have a chronic muscular rheumatism, although some very able writers question its existence.

The acute articular type of rheumatism is now generally admitted to be due to a comparatively mild infectious process, caused by a bacillus infection, involving the serous joint surfaces. Both the clinical and anatomical characteristics support this belief, and of this form of the disease we possess a clearly defined knowledge.

The subacute and chronic forms of the articular variety are less easily identified and no less an authority than Strumpell maintains that no hard and fast line can be drawn between these conditions and arthritis deformans. In all these morbid processes the etiology is obscure and we must depend somewhat upon the anatomical changes produced. Some writers, however, in the differential diagnosis place especial emphasis upon the fact that in rheumatoid arthritis we find a characteristically rapid pulse with no elevation of temperature, and also a characteristic skin, it being very soft to the touch and showing pigmentary changes. The other possibilities, whether the arthritis be gouty, tubercular, specific, traumatic, or neurotic, should not present much difficulty. It is when we approach that involvement of the musculature of the body producing pain and impairment of function that the real confusion appears. The question to be decided is whether it is with a purely rheumatic or whether we have to deal with a lithemic condition. The "rheumatogenous condition" of some writers is probably meant to clarify our haziness on this point, and, indeed, it might effectively serve its purpose—to cover up our confusion with a high sounding word that appeals to the lay ear—were it not for the fact that the same line of therapeusis does not apply in the two conditions.

In some cases there seems to be an intermingling of the lithemic with the rheumatic state, and, indeed, they both proceed from the same morbid condition, i. e., faulty metabolism, but the writer wishes to maintain that there is a pure muscular rheumatism not dependent upon any uric acid dyscrasia, although by urinalysis we usually find in the purely rheumatic types a faulty elimination of uric acid. However, the predominating symptoms in a given case will point not so much to the excess of uric acid in the system as to a more severe, a more constant irritant in the blood, and this is denoted by the constancy of the subjective symptoms, especially the pain.

Clinically uric acid in excess produces a pain which is not constant. It comes and goes, but it may be just as severe while it lasts as pure rheumatism. On the other hand, rheumatism produces a pain which is constant. It may get better or worse, but it is persistent. Ask your patient, "Is the pain constant?" and upon that answer you make your diagnosis. Ask him, "Are you at any time free from pain?" If "yes," you have the problem of dealing with a lithemia pure and simple, but if the answer is "no," then you have a rheumatism and probably in addition a faulty excretion

*Read before the DeWitt County (Ill.) Medical Society.

of uric acid. Differentiation is further afforded by the result of treatment, for the drugs that will promote elimination of uric acid and relieve the morbid condition resulting from its excess in the system, will not relieve the purely rheumatic state. Care must be taken, however, not to confuse the subjective symptom of a constant soreness found in the more severe uric acid cases with the constant pain of the pure rheumatism.

In the treatment of any pathological state it may well be said that the value of any drug or combination of drugs is in an inverse ratio to the number of remedial agents recommended for its relief. The importance of a careful differentation between rheumatism and a uric acid dyscrasia is, therefore, emphasized by the uncertainty in the treatment of the latter, as evidenced by the great number of "uric acid eliminants" that are heralded to the medical profession, and it is from the delusions and snares of these much vaunted "specifics" that the writer wishes to free those treating a case of rheumatism.

Having determined that it is pure rheumatism with which we have to deal, there is but a single line of treatment—saturate your patient with the salicylates, selecting that form which is easily absorbed and produces the least untoward action. Salophen first, and later aspirin, has in the hands of the writer most effectively fulfilled these requirements. Given alone, or in stubborn cases combined, and pushed to the point of toleration, with proper attention to the bowels, these two drugs will more nearly than any others control and relieve the condition known as rheumatism, be the case acute or chronic, articular or muscular.

A valuable addition to this saturation process and one that has proven efficacious in the experience of the writer, even when used alone, is an ester salicylic acid, which is applied locally. It is known as mesotan, and is a definite chemical compound, with the formula,

$$C_6H_4, \begin{matrix} OH, \\ COO\ CH_2.O.CH_3. \end{matrix}$$

When applied to the unbroken skin in full strength mesotan produces almost immediately a rubefacient, and in a few moments a markedly analgesic effect. The rapid systemic action of the drug is further proven by the appearance of salicylic acid in the urine in about an hour after its local use.

In continued applications, however, mesotan undiluted produces considerable irritation, and my experiments tend to show that the best medium for its is benzoinated lard. Applications of equal parts of mesotan and of the lard repeated every three hours seemed to give the most satisfactory results. In only a single case did this 50 per cent. strength cause any apparent irritation, and in this case, that of a delicate girl with a sensitive skin who had an extremely severe articular involvement, the nurse admitted that the application might have been made more frequently than every three hours owing to the appreciable relief afforded the patient.

Benzoinated lard as a base is of value not only as a diluent, but also because of a much more important reason—it greatly favors absorption. It is recommended that the lard be first melted and then mixed with equal parts of mesotan. This gives a white jelly-like mass with a pleasant aromatic odor and is very convenient for application. In none of the cases in which this base was used did any of the patients complain of the odor of the mixture; something which could not be said when olive oil was employed as a diluent.

Thirty-four cases of pure rheumatism of all varieties have been treated by me with mesotan, and in none of these were the effects of this new

drug disappointing. In fact, in many of the acute cases at least, it was to these local applications that the patients attributed their relief, although in all but six cases both the internal and external medication was employed. In these six instances in which all other medicine was purposely avoided, except attention to the bowels, rapid and permanent relief was afforded in all but one. This list includes three of acute muscular rheumatism, one of subacute muscular, one of acute articular of a mild grade, and one of the chronic muscular type. This last case is the only one of the six not showing permanent improvement, although temporary relief was very gratifying to the patient.

No more than a gentle massage was employed in any of these thirty-four cases, and in four of them the liquid mixture was purposely applied without friction, with equally good results, so that to the massage itself cannot be attributed the beneficial effects. In some instances the parts were covered with various dressings, such as gutta-percha and oiled silk, but these seemed to increase the irritation somewhat without adding to the benefit, and have been discontinued by me.

In addition to the thirty-four cases of rheumatism, mesotan was used in a number of cases of the uric acid dyscrasia. There was at least a transient benefit in all but one, a very aggravated condition of long standing, but in a short time the application failed utterly to exercise any beneficial effect, and hence is not to be recommended for disorders due to faulty elimination of uric acid.

This case in which no relief whatever was afforded and another of very severe uric acid poisoning, in which there was a very fleeting benefit, are of value in emphasizing the danger of confounding these exaggerated uric acid conditions with rheumatism. In both of these cases a constant soreness was complained of, and in one of them at least it was very difficult to determine whether this soreness was or was not of sufficient intensity to indicate rheumatic origin. The failure of salophen and mesotan, however, showed that it was not; and therefore great care, and sometimes, as in this case a therapeutic test, is necessary to make differentiation.

In conclusion then permit me to again emphasize the value of the constancy of the symptoms as an aid to the diagnosis of rheumatism, and also permit me to urge in the treatment of this stubborn affection the careful consideration of this new local remedy, which in my experience has certainly proved prompt, safe, and effective.

AN AGUE REMEDY.

By J. A. Burnett, M. D., Sullivan, Arkansas.

What do you think about the following as a remedy for ague? It is very highly recommended and is said to be superior to cinchona or any of its alkaloids:

℞ Fl. ex. gentian, ℥iv
Fl. ex. hydrastis, ℥iv
Fl. ex. cascara, ℥ij
Salicin, gr. xx
Comp. tinct. myrrh ℥j
Simple syrup, ℥viij
M. Take one teaspoonful during the intermission and every hour in the day of the paroxysms before the chill commences.

The formula of compound tincture of myrrh is:

℞ Alcohol, gal. j
Pulv. myrrh, lb. j
Pulv. capsicum, ℥ij
M. Let stand ten days and filter.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

DYSMENORRHEA.

I haven't joined the little pill band yet and discarded all others, but a little experience might indicate that I was "leaning that way". Some time since I was asked by a brother M. D. to call on his daughter, who had been married only a few days but was quite sick at that time suffering from dysmenorrhea. The doctor had given her all the remedies, iron, ergot, black haw, etc., in full doses, and still the flow went on. I found the lady in an emaciated state and looked as though she had lost all her blood. I took a small bottle from my case and dropped ten drops of specific gossypum h. into a glass and put in four ounces of water, directing the young husband to sit by her and give her one teaspoonful of the mixture every five minutes and to phone me in an hour as to her condition. Flooding entirely stopped were the words that I heard when the news came.

Miss K. heard that I had cured the above patient and she "lay for me" until her next catamenia came. The history of her case was as follows; She had been suffering from dysmenorrhoa for several years and all the doctors in the county had failed to give her any benefit, and had invariably given her a hypodermic of morphia as a last resort. I gave her the gossypum h. as above and in one hour she went sleep and rested all night. Had no more pain or flooding, but declares till today that I gave her a morphine mixture after her begging me not to.

But, Mr. Editor, perhaps we had better not tell the above and let me say that I gave her a new remedy that I had gotten out and that was too valuable to give to the general practician, and offer it at the small cost of $2.00 per drachm or $15.00 per ounce, or I will send any poor, hard worked, short paid doctor who happens to have the money the formula and full directions for $13.50 I have lived in three states since I began the practice of medicine twenty-five years ago, and the people have been dying with consumption, scrofula, syphilis and many other diseases, and yet I see in the "Biggest and Best", with the "largest circulation of any medical journal in the world", men advertising some secret nostrum under the guise of personal experience with some recent discovery known to no other but themselves, that will cure cancer, tumors, consumption, headache, etc., while thousands of people are dying all over this land of ours without a remedy. F. G. THOMASON, M. D.

Kissimmee, Fla.

SYPHILIS—HOW TO STOP IT.

I most heartily recommend some legislative enactment of each state to prevent the spread of syphilis by intermarriage of diseased persons. Every syphilis case, male or female, treated by physicians, should be recorded as a dread disease, as much so as scarlatina, smallpox or measles. Why not? Are these contagious diseases any more liable to ruin health and life than syphilis? You may argue that such contagious diseases as smallpox, scarlet fever, etc., affect the innocent that do not violate these laws of chastity and morality. Does not syphilis reach the innocent unborn

children, with this terrible disease—syphilis—forced upon them unknowingly and unfortunately, as much so as a case of smallpox would be?

Then why make any discrimination between these dread diseases in quarantining them under enactment of law requiring physicians to record them equally as a safeguard against these contagions or spread by inter-marriage rights. Let laws be enacted requiring every physician to register every syphilis case treated by him, and then make it a penalty for such persons to marry before they are entirely cured, requiring their physician's certificate to show that they are cured of this horrible disease before they can receive a marriage license to wed another, Such measures would go far toward stopping the spread of this nasty disease.

W. H. Gray, M. D.
Michigan City, Ind.

MEDICAL LAWS.

I am a member of the legal fraternity in every state in which I asked for admission, but devote my time to practicing medicine. Am much interested in matters affecting the medical profession; therefore, I beg you to allow me a few words relative to the article "Concordia Discors" by Dr. Tripp, (Vide Recorder of Dec. 1903, page 416). The gentleman quotes from the constitution of the U. S. to prove that a doctor of medicine in one state is entitled to practice in any other, by merely recording his diploma with a county court; but says he "one impediment is the inability of the county clerk to recognize a good form of bogus diploma, etc."

A member of the bar of one state is admitted to practice at the bar of any other, not by reason of constitutional provisions, but plain courtesy. When a lawyer is introduced to the presiding judge for the purpose of admission, the former must show the license of the state from which he comes. The judge does not care how many diplomas a lawyer has or has any at all. The license that "John Doe" holds from the state of (i. e.) Illinois entitles him to admission at the bar of (i. e.) Nebraska as a matter of courtesy and not a diploma. "John Doe" may have fifteen diplomas from as many law schools, and they will not entitle him to ask the courtesy of the court. Only a licensed lawyer is considered a fellow practitioner, and one holding diplomas a would be, hence the latter must prove his qualifications. Diplomas and licenses are different kinds of credentials; therefore the latter only, are entitled to "full faith and credit, etc." In no state has there ever been granted a medical license upon presentation of a bogus diploma, unless we regard the diplomas of many medical colleges "in good standing" in their home states, as bogus; and this seems to be the theory upon which the present registration laws are based. If so how do the requirements of a licentiate and fellow practititioner remedy matters? It is not my intention to slander the medical profession, but truth is truth legally and morally, hence I venture the assertion that no class of men are so inconsistent and discourteous towards one another as doctors of medicine. There are exceptions of course; yet the rank and file in that profession have always been the victims and targets of self-constituted authorities and leaders. The present laws governing the medical licentiate are beyond a shadow of doubt, "class legislation" and against the spirit of Art. 4, Sec. 1 and 2 of the United States constitution, all judicial decisions to the contrary notwithstanding. Whatever one may say, the fact is, that the medical registration acts were not asked for

by, nor passed in the interest of the rank and file. They have created political offices, and the medical fraternity foot the bills. I wish every physician would make up his mind that, lack of courtesy toward one another in matters of registratisn, and levying a high fee from which only a few benefit in each state, cannot be conducive to good fellowship. All the talk about suppressing quackery, keeping out incompetents, etc., is in my opinion, for the mere purpose of inducing gentlemen doctors to "let well enough alone." Suppressing quackery! Where does it parade more openly, and masquerade as fearlessly as in Illinois? And yet, the registration laws thereof are severe; the board is supposed to be composed of leaders par excellence, and have a substantial income by virtue of the laws. "The American Almanac" tells us that the secretary's salary is $3,500 (persumably) a year. You cannot make a gentleman by means of law; nor can the present registration laws be of any benefit to the rank and file, but on the contrary very detrimental. For the laws affect the doctor of better principles; and the moment he is thus affected, he becomes a nihilist, (thank you for suggesting the term in Recorder of Sept., 1903) against doctors of medicine. Such words as medical thugs in a publication that is read by no less than half a million Americans, fully corroborate me.

The only thing to do is to appoint a man from each school of practice in each state, let this board examine licenses and grant one in return upon payment of a small fee. I know there will be strong opposition to such laws; but I assure you it will not come from disinterested impartial, consistent, and broad-minded physicians. In the same easy manner as the present reciprocity laws are being passed, which are full of red-tape, and provide for fees as high as $50 (Ohio), so can laws without objectionable features. No danger at all that it will open the field for quackery. There are more quacks, and quackery runs more rampant today, than it did ten years ago, when there were few, if any, registration laws. The constitutions of the various states cannot be amended "accepting a license to be conferred by a national board of examiners or health"; and if it should be possible, it will take fifty years to accomplish. Doctors themselves must get together and provide for mutual interchange of licenses. The people or legislature concern themselves very little about such matters. In proof of this, witneess the fact that no legislature passed the present laws before being asked (by those doctors interested in such laws) to do so. Two gentlemen may not agree on a single subject, yet they are gentlemen, and perhaps intimate friends. The lawyer of Illinois moving to Nebraska is not even familiar with the laws of the latter state, nevertheless, he will look up the law bearing upon a particular subject when asked for an opinion. Why compel a fellow medical practitioner to take an examination, at the place where the board is in session, which is usually 50 to 150 miles from that at which he wishes to locate, and pay an enormous fee besides? I wish some one would be good enough to answer these questions. Just now, there is a gentleman in this town, who graduated from a college in "good standing", holds a license from the state, and would like to locate in Iowa. He is the son of a physician, about 28 years of age, married, has a child, and not much money to spare. In the first place he has been out of school three years, and in the words of Dr. Tripp (which I fully endorse), neither carries his talents at his wit's end, nor remembers the details of anatomy, physiology, chemistry, etc.; secondly he would have to go to Des

Moines, which is 150 miles from the place he wishes to locate, remain there three days, and pay a $10 "fee". (It used to be $20, but the State University students made a fight and "the fees" were cut down, which proves that if would-be M. D.'s succeed in matters of legislation, so can a priori M. D.'s.) An expense of at least $30, and the possibility of failing to correctly answer a few technical questions. He is seriously contemplating to engage in the advertisieg business, or become a "nihilist". I know many such cases. In whose interest is all this for? Pray answer me. What a pity that broad minded, consistent and gentlemen physicians do not take an interest in the welfare of the profession, that they themselves be benefited thereby. I thank you, Mr. Editor, for the space and indulgence.

B. M. JACKSON, M. D.

Omaha, Neb.

Dr. Jackson believes in speaking right out in meeting and calling a spade a spade. As the Recorder has contained articles on various phases of this subject I have been asked about my own position in the matter. So perhaps this is a good time to give my creed. I believe in a high standard of medical education, state registration and the application of the golden rule between physicians. I do not believe in compelling a registered physician to submit to an examination if he wishes to change his location. If a physician has met the proper requirements for practice in one state, for instance those as rigid as Wisconsin, he should forevermore be free to practice his profession upon presenting his credentials, without examination, wherever the stars and stripes float.

A physician may lose his health and wish to remove to another state. He may be a very able man, have had a large experience and be a very competent physician in every respect, yet he will be compelled to submit to examinations regarding details of anatomy, chemistry, etc., which the best men in the profession could not answer without special preparation.—Editor.

STATE EXAMINATIONS.

The Pennsylvania State Board of Medical Examiners has just concluded its semi-annual examination of applicants for license to practice medicine in the state. There were 103 applicants examined, and of these only fifty-seven passed. The examinations are said to have been extremely rigid. (N. Y. Med. Record.) Just so, a hard quiz for the recent graduate, with his head crammed full of technical knowledge and theories! No show for the practical man, who has gained valuable experience in exchange for mere theory. Such abuse of the law will surely bring about its downfall.

H. SPEIER, M. D.

Rochester, Minn.

TOPICS OF THE TIMES.

LABELED PILLS AND BOTTLES.

I have just examined a pill manufactured by a firm that professes to be perfectly ethical, with the name stamped in full upon the pill itself. It is bad enough when tablets are stamped with trad marks, initials, etc., and when many valuable compounds are so conspicuously placed in drug stores and advertised in medical journals that the laity can hardly help learning much about them. When it comes to printing the name of a pill upon the pill itself it looks much as if the manufacturer would just as soon deal with the patient direct. However good the pill may be and however ethical the house, that name on the pill spoils it all. Physicians are all too ready to confide

the name of the medicine to their patients, and the writer has yet to learn of one argument in favor of this weak, foolish practice. Laymen are ever ready to prescribe medicine when an opportunity presents itself, and what could be easier than to do this with some prospect of success when the indications are printed upon the label and the dose also, mode and frequency of administration, etc., and the manufacturers are "perfectly ethical" in all respects and the manufacturer in his explicit labels is only saving the doctor trouble. When the manufacturer saves the doctor any trouble whatever by simplifying everything so that a child eould understand, will not the manufacturer in a score or more of years overlook the doctor altogether, and fix it all in a satisfactory manner with the patient? The writer has practiced medicine for fifteen years and has in no case informed the patient what medicine he was giving or used anything that explained itself to the patient except certain foods. To do this he has been compelled to color quinine and perfume chloroform and furnish many evasive answers, when asked by patients if the medicine was not so and so. Every bit of knowledge gained by the ordinary laymen as to the use of medicines is more likely to do harm than good, and is very likely to decrease the employment of physicians with these patients. Physicians should ever be alert to avoid giving the "little knowledge" to a patient that may prove dangerous sometimes.

CENTRIFUGAL FORCE FOR BRAIN ANAEMIA.

Inasmuch as lowering the head of a patient suffering with heart failure in anaesthesia will bring about resuscitation in some cases because of bringing blood to the anaemic centers in the brain, might not in these cases prompter and better results be obtained if the patient could be placed head downward at an angle of 20 degrees from the horizontal and whirled so that the head would move through a circumference of seven or eight feet radius?

In any operating room such a swinging bed could be in readiness and when dangerous symptoms became evident the patient could in a few moments be given the benefit of centrifugal force to cause the brain centers to be more quickly suffused with blood.

QUACKERY.

I offer an article against quackery, written by me and published in a local paper. For certain data used by me I am indebted to Dr. H. Speier's able contributions to the Recorder. I believe that if physicians all over the country would force articles like these into publication where they can, quackery would in time be much weakened, if not stamped out. The indisposition of an average lay editor to print such matter is plainly evident from his headlines and observatons. Still, few editors will refuse to give a physician who is a subscriber space occasionally. If such expressions should become at all general the editors would very soon write them. To treat the quack medicine business as a branch of the liquor or intoxicant business will create a desirable impression and enlist the co-operation of temperance people.

C. E. Boynton, B. S., M. D.
Smithfield, Utah.

The following is a portion of the article which Dr. Boynton contributed to the local newpaper:

A very radical lady along temperance lines once, while taking a dose of a certain proprietary dope, informed the writer that it was the best "tonic" she had found. Upon

being informed that she was only sounding the praises of alcohol she promptly flung the bottle to destruction.

Within the past few weeks several life insurance companies have contained the question: "Have you within the past three years used any patent or proprietary medicine?" Life insurance companies are very astute when it comes to the question, "Is this or that habit or occupation dangerous to life?" Thus they are awake to the fact that has been long known to medical men that "quack" medicines are increasing the death rate of the human family. Indeed, any logical mind must see it clearly, for medicine is a two edged sword, helpful when wisely used, dangerous when used without judgment and knowledge obtainable only by years of medical education. By accident, as it were, a poison carelessly given might save a life. Nearly all quack medicines are diluted poisons containing alcohol, opiates, cocaine and other habit creating insidious drugs. The dose of many liquid proprietary medicines is one tablespoonful, which practically means more than half a wine glass of the dope. These liquids contain from 18 to 45 per cent. of alcohol, thus they are stronger than claret, champagne, port or sherry, while the stronger are almost as alcoholic as whiskey and brandy. The most advertised and known nostrums on the market contain no potent principles except these intoxicants and fiend creators, and any saloon keeper could put up at a much more reasonable price a dope just as efficacious.

Many a liquor drunkard has "reformed" only to enter upon a worse habit, namely, that of dosing himself with proprietary medicines, and many a temperance man or woman up to the same habit little thinks he is "calling the kettle black" when denouncing his neighbor for going to the saloon.

Some of the dopes of quackery are not poisonous, yet their victims by wasting time with them may be putting themselves in a condition too chronic for cure. Suggestion which is helped along by a high price or a peculiar article or action is a source of profit to the quack. Electric belts, for example, are absolutely worthless, yet many are used and sold at exorbitant prices. If all quack medicines were really made up of "food medicines" they would still be dangerous for any other than a physician to use. For example, Mrs. Jones suffered with slight nervous troubles; some one guessed her heart was wrong, so she bought some "heart medicine" of a quack and became seriously sick, for her heart being normal did not require "heart medicine", and the treatment was superfluous and actually disturbed her heart and made trouble for her.

In the United States $70,000,000 are spent annually for quack medicine and the people of the southern states use more than half of this and more than three times per capita as much as is used in the north. In those regions where we find the largest per cent. of poverty and illiteracy quack medicines sell the most rapidly. If a sick man places his case in the care of an ignorant, dishonest or absent man he is very likely to stay sick just as an intricate piece of machinery would stay out of order if tinkered at by an incompetent mechanic. The quack who merely has something to sell can invest a few thousands with grafters and advertisers and make a great noise and so make money, and if he can turn his "patients" or victims into drug fiends, etc., he is sure of a future market.

Much more could be said along this line but the reader must recollect that as proprietary medicines are backed by large liquor wealth, few editors are willing to give their columns to such straightforward statements as these.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CH. SI TACUISSES, PHILOSOPHUS MANSISSES!

Apparently it is not the exclusive privilege of high military and naval officers to "slop over"; medical men are a close second. The daily papers all over the land quoted recently A. D. Bevan, of Chicago, whose high standing in the medical profession is undisputed, as saying: Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight against this disease. The sooner the profession will acknowledge this to the public and set to work to discover some specific to save pneumonia patients, the better for all concerned.

It is true, we have no specific for pneumonia and may never find one; it is not true, that medicine can be of no assistance in the fight against the disease. Is strychnia valueless? Has Dr. Bevan not used carbonate of creosote in pneumonia? There is ample and reliable testimony to its beneficial effect on the disease. The writer can add to it from his own experience, having used the drug for several years in appreciable doses. Utterances as the above can do no possible good, but a great deal of harm. They help to drive people away from rational medicine to the medical fakes.

The Irishman says: When I open my mouth, I put my foot into it.

THE ORTHODIAGRAPH.

The Scientific American of January 16 contains a description of an apparatus, called the orthodiagraph, by means of which X-ray pictures may be made to give the exact shape and size of objects or organs. At present the ordinary image is magnified, for it is projected by rays proceeding from a Roentgen bulb in cone shape upon a screen placed behind the object to be viewed. In order to obtain an image of the object in its true shape and size, it is necessary to render the rays parallel from the point where they touch the object and then project them onto the flourescent screen or photographic plate. Endeavors to accomplish this have been made since 1898 and been successful, as far as concerns objects which can be placed on a horizontal surface. The new apparatus overcomes all restrictions, and true images can be obtained with it in any position. It is a rather complicated mechanism, consisting of frames, joints, sockets, levers, drawing stylus, etc., capable of any adjustment needed. In addition to reproducing the true shape and size of organs, the apparatus may be used advantageously to ascertian the depth of foreign objects.

If perfected, so as to be quite practical and reliable, this apparatus promises to be a powerful aid to diagnosis and may in many cases do away with the necessity of exploratory incisions. True, there is little danger in an exploratory incision, but if even this small danger can be avoided, it will be a step in advance.

ANTITOXIN BY MOUTH.

Dr. L. Martin has made communication to the Paris Academy of Medicine of a most important discovery made by himself, aided by Dr. Roux,

one of the originators of the anti-diphtheritic serum. Martin has found hat the serum can be administered to the patients in the form of pastilles or bonbons as well as by subcutaneous njection. It is understood that bacilli remain longest in the throat and mouth, even after convalescence is well established. Direct contact of the pastilles with the throat destroys he bacilli, an effect not to be obtained n any other way. Serum may also be administered in this form to nurses and others, who come into contact with diphtheria patients, and it is claimed to confer immunity from contagion. The academy looked upon the discovery as so important, that it passed a vote of thanks to the discoverer.

AN UNWISE MOVE.

Much stir has been caused throughout the state of Minnesota by a recent order of the State Board of Health. It provides that every city, village or municipality in the state is prohibited from discharging its sewage by means of artificial drains or sewerage systems into any pond, lake, well, stream or river, unless such discharge first passes through a septic tank or a filter bed. Plans for such tanks or beds must be first approved by the board. A fine of from $50 to $100 for each day sewage is discharged contrary to the provisions of the order is imposed. It will not apply to systems already constructed until January 1, 1905.

The wisdom of such a sweeping order may well be questioned. It entails a heavy outlay on every community of the state, for there is not a filter bed and not more than one septic tank in the state. In some instances expensive systems may be rendered practically valueless. The septic tank is as yet hardly more than a theory, although a plausible one.

The whole affair will increase antagonism against the State Board of Health and may result in retarding sanitary progress. In view of the fact that the legislative committee of the state medical association had to admit in its last official report that it met defeat in every bill or measure which it fathered or favored before the last legislature, and that it encountered everywhere a deep-seated prejudice against medical legislation, a more conservative course would probably serve a better purpose. Would a body of business men or lawyers think for one minute of forcing upon the people a measure solely for the people's benefit and in doing so bring down on their own heads all manner of disapproval and odium.

HYPNOTISM APPLIED JUDICIALLY.

The Swiss traveller Ilg, a confidential friend and adviser of Emperor Menelick, of Abyssinia, relates curious instances of the practical use of hypnotism for purposes of justice in Abyssinia. Children under the age of twelve are trained up to become detectives of crime under the influence of hypnotic sleep. In a case of incendiarism, the boy was brought to the spot and put to sleep. Soon he commenced to run in a certain direction, going for sixteen hours without rest, and at such speed that the professional runners could not keep up with him. The man, before whom he stopped finally, after various detours, confessed himself guilty. The emperor himself, in order to test the power of the youthful detectives, abstracted and hid one of the jewels belonging to the queen. The boy put on the track found it in its hiding place in Menelick's bedchamber, following exactly all the steps the emperor had taken.

Skelton suggests for nervous insomnia 20 grains of bromides four times daily.—C. E. Boynton, B. S., M. D., Smithfield, Utah.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. FEBRUARY, 1904. No. 2.

THE PRACTICE OF MEDICINE.

Members of the medical profession all know about the conscientious work to prevent disease and the large amount of work done without remuneration by medical men. It is seldom we see any correct statement of this in periodicals read by the general public, therefore it is a pleasure to have a glimpse of professional life appear in a popular magazine. "Does It Pay to be a Doctor?" is the title of a paper, by Arthur Goodrich, in Frank Leslie's Popular Monthly for February. We quote a few of his statements: "In what way does the practice of medicine differ from that of law or from business? Was there ever a movement on the part of lawyers, as a body, to prevent unnecessary legislation? Most certainly not. Have manufacturers ever banded together to limit production or to restrict sale? The medical profession, as a body and by individuals, is striving constantly to improve the general health of every community in which it works. The many sided labors of Boards of Health are all in the hands of physicians working at ridiculously small salaries; the private practitioner aids them wherever he can. And every added help to public health means a decrease in the income of the profession. Doctors may be said to thus literally take the bread from their own mouths."

"There probably is not a doctor in the country who makes $100,000 regularly every year, those who make $50,000 are a mere handful, and the average physician has an income of $750."

"No other profession needs so great an expenditure of time and money, before earning power is reached, and then it is earning power limited by philanthropy. It has been estimated that one doctor in five hundred makes a financial success, that fifteen per cent. make a good living, that thirty per cent. make a living and that the rest, more than half, exist. Twenty-five per cent., it has been shown, give up their practice after a few years to enter some other kind of work that brings greater returns."

This article should be read through by every young man contemplating the study of medicine, as it gives a correct idea of many things which the average young man does not dream of.

Many young men start to study medicine because they have an idea that the medical profession offers an easy and lucrative means of livelihood. They should understand that to practice medicine means much hard and self-sacrificing work with usually a much smaller return than would be derived from the same energy in commercial lines. To be a successful practitioner a man must love his work.

The busiest physicians find time to read many medical journals.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Antitoxin Trust.—The yellow ıewspapers of Chicago, lacking other ɜensational material, have been pub-ishing glaring accounts of an antitoxin rust and pitiful stories of the poor lying with diphtheria because of the ıigh price of antitoxin. As the papers ıdvocate a municipal antitoxin plant here is probably a political side to the natter. The facts in the case are hat there is no antitoxin trust and no ıdvance in prices. The communica-ion on another page of this issue proves the falsity of these charges. Antitoxin should never be made by ıny city. It is paternalism carried too ar. We had an illustration of this in he deaths at St. Louis from antitoxin nade in a city laboratory. Antitoxin an only be properly made in an ex-pensive laboratory conducted more arefully than municipal plants usually re. It should be made by people vho are not only morally responsible ut financially responsible. If the ity officials of Chicago want to supply ree antitoxin let them buy it of a esponsible firm. The city will be ainer both in money and lives.

Quackery.—Dr. C. E. Boynton, in his issue, advocates in his earnest tyle, the publication by physicians in ocal papers of articles showing the people the fallacies of quackery and patent medicines. Although news-paper editors will advertise these hings for the revenue it brings, most f them will admit the fairness of pub-ishing such articles. We have re-eived a copy of the West Bend Wis.) News containing such an article y Dr. H. Blank, of Jackson. The paper was first read at the Washing-ton County Medical Society and occu-pies several columns of the newspaper. In concluding his paper Dr. Blank says:

Advertising quacks are moral lepers and intellectual cripples who are in-capable of making an honest living. The burglar, horsethief and highway robber are more respectable and less dangerous than a criminal of the medi-cal advertising kind. For while the former must be given credit for some courage for defying the law, because if caught the prison cell or the halter awaits him, the medical degenerate can rob, torture, intimidate and even kill, either by omission or commission, the sick and most helpless of mankind, without endangering either his free-dom or his precious neck. Yes, the law in a few instances has even pro-tected the advertising abortionists, who escaped well deserved punish-ment through a mere technicality. This at so much per line or square inch, not editorially it is true, but through their advertising colums. All intelligent people know that a man who has no regard for the rules of common decency, who violates every precept and principle of the code of ethics of his own profession, who is wholly indifferent as to what men engaged in the same business with himself, think of his methods, is dangerous in every and all respects. Therefore journalists should carefully exclude anything of an immoral or fraudulent nature from their papers.

Is It Fair?—The Medical Standard contains a vigorous editorial with the

above heading, relative to the action of the Wisconsin state board of medical examiners refusing to issue licenses to the graduates of the Chicago evening medical colleges. It would seem as though the rigid examinations of the Wisconsin board would prevent any incompetents from getting licenses even if they should be graduates of an evening school. The following is the Standard's editorial:

The Medical Standard confesses its inability to see either the necessity for or the fairness of such a step. The Chicago evening schools undoubtedly fall far short of the ideal in medical education—but so do many others which have received official endorsement; and the mere fact that instruction is given in the evening should be no bar to their recognition. They are not diploma mills; some of them, at least, are immeasurably ahead of the "leading" schools of a decade ago and fully equal to the "average" schools of today. Their instruction is excellent, as everyone who has sufficient opportunity to observe will testify. Their students are young men and women of mature minds—and they have "grit", lots of it, or they would never undertake to prepare themselves for the practice of medicine under the difficulties with which most of them have to contend. We should expect such students to prove an honor to the profession, and this has been the case. The graduates of Harvey and Jenner have stood as high in the state examinations as those of most other schools—higher than most. According to Dr. Frances Dickinson, among the one hundred graduates sent out by Harvey "only two have failed to pass the state examinations creditably and those two men both failed in Wisconsin." Is the record of Rush better? Other medical schools recognize the quality of the instruction given in evening schools and are eager to get their advanced students. A goodly proportion of the senior class in the medical department of the University of Illinois is made up of students who have taken three years at Harvey and Jenner. The Medical Standard believes in placing the standard of medical education high. Physicians should be men of general culture and should have thorough professional training. The state has a right to recognize this. But why hedge our institutions about with artificial conditions which mean nothing? After all it is with individuals the law has to deal. The state requires brains. Has it the right to demand that these "brains" shall bear the label of any particular school? Is not the best possible test of the work of any school found in the character of its graduates?

Erythromelalgia.—At a recent meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, Dr. J. C. Lynch presented a patient suffering from red, painful extremities. About four years ago the patient had severe burning pains, first in the right and then in the left foot. The pain was intensified by standing or walking, and several months later he noticed that the painful areas were red and swollen and that the ball of the great toe was violet after exertion. Two years ago the middle toe of the left foot was amputated because of the great pain. The toes of both feet were red; over the metatarso-phalangeal articulation the skin is of a violet hue; the superficial veins are prominent and the parts are painful to pressure, but do not pit. When the feet are elevated the congestion disappears, to return when the feet are dependent. Sensibility and thermal sensation are not disturbed. The patient's condition improves during the cold weather.

The speaker said that the pathology of this condition is not well understood. Weir Mitchell considers it a

vasomotor disturbance. It is probably due to a peripheral neuritis of the branches of the plantar nerves associated with diseased blood vessels. Most of the cases so far recorded have occurred in men during middle life. Long hours of standing, associated with hard work, worry and exposure to various temperatures are important causative factors. Various infective diseases, such as gonorrhea, malaria, syphilis, may also be important factors. It also occurs as a symptom in certain organic diseases of the central nervous system.

Erythromelalgia may be confounded with Pick's erythromelia and the stage of local asphyxia of Raynaud's disease. In erythromelia there is a circumscribed reddening of the skin, followed by venous dilatation, confined to the extensor surface of the extremity. There is absence of pain and increased surface temperature and no change on altering the position of the extremities. In Raynaud's disease, eighty per cent. of those afflicted are women. It begins with local ischemia; pain may be absent or acute; it has no relation to position; it is unaffected by season. In many cases the symptoms are brought on by cold. It is anesthetic to touch, surface temperature is much lowered and there is symmetrical gangrene.

Alcohol as Fuel.—Every year the fuel question for heating, cooking and industrial uses becomes more important. Alcohol promises to be of great value as fuel in the future. In Germany alcohol is free from taxes and is made from sugar beets and sold at fourteen cents per gallon. It is there largely used both for fuel and lighting purposes. In this country the taxes and the great trusts keep the price of alcohol high. The oil trust and the coal trust will always exert their mighty power to stop anything which will interfere with their interests. Cheap alcohol in this country would be a great blessing as a cheap fuel and light, while making it cheap would have no bearing on the temperance question. Alcohol used as a light with a mantle similar to the Welsbach gives a clear, brilliant light at a much less cost than the kerosene light.

In the January issue of Motor, the automobile magazine, it is stated that the synthetic production of alcohol from ethylogene—a new ethylene-generating metallic carbide—is soon to be undertaken on a commercial scale by the Campagnie Urbaine in their laboratory at Puteaux, near Paris. The process consists principally in dissolving ethylene gas in strong sulphuric acid, then diluting the resulting liquid with water and distilling it. The first distillate is alcohol. The ethylogene is prepared by mixing certain metallic oxides with coke and limestone and subjecting the composition to the heat of an electric furnace, as in the preparation of calcium carbide. The cost is said to work out as low as two cents a gallon. The Russian government has offered $25,000 in prizes for processes of so denaturing alcohol that it will be unfit for drinking purposes, yet retain its full technical and industrial usefulness. It is specified that the product must not be poisonous and must contain no corrosive elements or substances that will leave hard mineral deposits in carbureters and motors after evaporation or combustion. It is further provided that it must not have a disagreeable odor, nor cost materially more to produce than pure spirit, and that renaturing must be too expensive and difficult to encourage fraud. In France the government has taken great interest in the use of alcohol in connection with motor vehicles. All this would appear to indicate that the general substitution of alcohol, in place of gasoline, for fuel in internal-combustion motors is not far distant.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS,—Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate School. Volume III, Eye, Ear, Nose and Throat. Edited by Casey A. Wood, M. D., Albert H. Andrews, M. D., Gustavus P. Head, M. D. December, 1903. Illustrated. Pages 332. Cloth, $1.50, The Year Book Publishers, 40 Dearborn St., Chicago.

Dr. Casey Wood in presenting the year's progress in ophthalmology says he is confronted by such a mass of ophthalmic literature that it is difficult to select the matter for this volume. He gives special attention to the application of the X-rays, plastic operations on the tissues of the conjunctival sac, treatment of diseases of the posterior segment of the globe, questions relating to full correction of myopia, new remedies and appliances.

Dr. Andrews gives a good resume of the year's literature on the ear. Mastoid disease receives considerable attention, as its importance deserves.

Dr. Head reviews the most important literature on nose and throat. The advances in this work are necessarily largely surgical. The work of Dunbar in Germany on the cause and cure of hay fever receives careful attention.

The book has thirty-four illustrations and is well printed. The series of ten books is sold for $5.50 in advance.

A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA.—By Geo. Whitfield Overall, A. B., M. D., Formerly Professor of Physiology in the Memphis Hospital Medical College. Cloth. Pages x-217. Rowe Publishing Co., 1312 East Washington St., Chicago.

The author's object in presenting this book to the profession is to give a plain, practical and concise summary of the methods and results of the non-surgical treatment of diseases of the prostate gland and their sequalae as demonstrated by more than twenty years clinical experience. The subject of prostatic diseases is receiving increased attention by the profession so that many will doubtless wish to read this book.

The first chapter gives the anatomy and physiology of the prostate and clearly presents the importance of the gland.

The diseases are then taken up in the following order: Acute prostatitis, subacute or chronic prostatitis, congested enlarged prostatitis, senile hypertrophy, tubercular and syphilitic prostatitis, neurosis of the prostate. In treatment the author relies on medicines, electrolysis and cataphoresis, although in some cases he regards the knife as indispensable. He regards electricity a very satisfactory therapeutic agency in these troubles. The book contains twenty-six illustrations, some of which are especially good.

THE SELF-CURE OF CONSUMPTION Without Medicine, With a Chapter on the Prevention of Consumption and Other Diseases.—By Chas. H. Stanley Davis, M. D., Ph. D., Physician to the Curtis Home for Old Ladies and Children, Member Connecticut State Medical Society,

etc. Pages 176. Cloth. Price 75 cents. E. B. Treat & Co., 241-243 West 23d St., New York.

The first few chapters of this book are devoted to statistics and information regarding tuberculosis.

Dr. Davis' treatment of the disease is open air, dietetic and hygienic. The chapter on diet is excellent and if followed will surely benefit any consumptive. The book teaches proper living in every respect. Our own experience does not agree with the author's wholesale condemnation of all drugs, as there are some drugs, especially tonics, which we have found beneficial. The author commends the inhalation of formaldehyde.

While the book is intended as a patient's guide, yet it contains suggestions which every physician will find useful.

If every consumptive would read and follow the instructions of the book great results would be accomplished. To be very successful, though, we believe the patient should be under a physician's care. It is very, very seldom that patients left to themselves will carry out dietetic and hygienic measures the way they will when under a physician's guidance. There is much to commend in the book and any physician will enjoy reading it.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelley, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of Wm. Osler, M. D., Baltimore; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M. D., Vienna; with Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume IV. Thirteenth Series, 1904. Pages 321. Illustrated. Price, Cloth, $2.00 Net. J. B. Lippincott Company, Philadelphia.

This volume is filled to overflowing with good things, as International Clinics always are. Dr. J. H. Musser furnishes a clinical lecture on the treatment of pneumonia. Dr. Musser shows the value of certain drugs, especially strychnine, in this disease and tells how to use them. Dr. Thos. A. Clayton, of Washington, has an article on the treatment of chronic bronchitis. He gives the hygienic, medicinal and local treatment of the disease. A clinical lecture on gastric ulcer by Dr. James Tyson gives the modern treatment of this disease. The following articles on kidney diseases are of special value: "Some Clinical Aspects of Diseases of the Kidneys," by Henry B. Favill, M. D., Chicago; "The Clinical Manifestations and Treatment of Chronic Nephritis," by L. F. Bishop, A. M., M. D., of New York; "Palpitation, Abnormal, Rhythm, The Frequent Pulse," by Thos. E. Satterthwaite, of New York. The surgical section of the book is very interesting. Drs. W. W. Keen and J. C. Da Costa report a case of interilio-abdominal amputation. Dr.

Nicholas Senn furnishes a report of a surgical clinic. Dr. J. Albarran, of the Paris Hospitals, writes on "The Radical Cure of Prostatic Hypertrophy," "Stricture of the Esophagus" is an article by Dr. M. F. Coomes, of Louisville. Every practitioner will be interested in "The Non-Surgical Treatment of Displacements of the Uterus," by Dr. F. H. Davenport, of Boston. Worthy of special mention is "The Present State of Our Knowledge of Immunity," by Joseph McFarland, M. D., of Philadelphia. These are only a few features of the volume, which must be read to be appreciated. These books are a collection of lectures, a post graduate course at home. This volume is illustrated with numerous plates.

THE BLUES (SPLANCHNIC NEURASTHENIA), CAUSES AND CURE.—By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S., Consulting Physician, Denver National Hospital for Consumptives, The Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; Formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Cloth. Pages 240. Illustrated. Postpaid, $1.50. E. B. Treat & Co., 241-243 W. 23rd St., N. Y.

The author nicely outlines the purpose of this book in his preface, from which we quote:

"The object of this volume is to direct attention to a new and heretofore undescribed variety of nerve exhaustion, which I have designated as splanchnic neurasthenia. This special form of nerve weakness is characterized by paroxysms of depression of varying duration, and is popularly known as 'the blues'. Its recognition is of more than theoretic interest. A mere theory may be of interest to our profession, but the layman asks science for results. Its recognition, and the factors involved in its causation, imply our ability to cope with the evil and to offer to the sufferers not only amelioration, but a cure. From many year's experience with neurasthenics I know of no variety of neurasthenia which is more amenable to treatment than the splanchnic form. A perusal of the subject matter of this volume will show that I have referred its origin, in brief, to a congestion of the intra-abdominal veins. Among the many resources of nature to combat this tendency, the vigor of the abdominal muscles is paramount. The tonicity of the muscles in question is impaired by mal-hygienic clothing, occupation, disease, lack of exercise, and a host of other conditions. The decadence of the abdominal muscles is a modern heritage; and so are hemorrhoids, constipation, and a multitude of other evils that may be traced to enfeebled abdominal muscles. There are a large number of impaired conditions which really owe their genesis to a congestion of the intra-abdominal veins; such affections are essentially forms of splanchnic neurasthenia, and often produce only local symptoms, confined to the abdominal sympathetic, and may never extend to implicate the central nervous system. These are especially amenable to the treatment suggested in this book, all of which is based on purely physiological reasoning."

The work is something entirely new in medical literature and is sure to meet a hearty reception. It is written in Dr. Abrams' delightful style, always clear and pleasing. The treatment he advises is largely hygienic measures, suggestion, hydrotherapy and massage. Special attention is given to advice regarding proper diet. There is need for just such a book as this. Aside from its practical value the book is a

charming bit of literary work which every doctor will appreciate. The work is illustrated with twenty-seven plates and cuts.

ARE WE TO HAVE A UNITED MEDICAL PROFESSION.—By Chas. S. Mack, M. D. Pages 44. Paper. Price, 25 cents. Published by the Author, Laporte, Ind.

This little book discusses the proposed union from the homeopathic standpoint. The author's position is shown by the following quotation from his conclusions:

"If, as seems to me probable, there is to some day be a union of the schools on a platform which accords to each man entire freedom upon the subject of homeopathy, may this book shorten the time to that day. If, on the other hand, truth will be better served by continuance of two distinct schools until whichever is in the wrong dies of inanition, may this book intensify that distinctness and hasten that death."

THE TERRORS OF "THE GREEN ROOM" DONE AWAY WITH.—A Quiz Book, Containing all the Essential, Practical and Leading Questions Asked and Answered in "The Green Room," by Leonard Case, A. M., M. D., Ex-Secretary South Pittsburg, (Tenn.), Medical Society, etc. Pages 88. Cloth. Price 50 cents. Postage 2 cents. Published by the Author, Chattanooga, Tenn.

This little book will be found very useful by students preparing for college examinations and by physicians preparing for state examinations. The book is arranged in the form of questiods and answers. At this day when nearly all states require examinations before granting licenses this book will aid very much in preparing for "The Green Room." The author has taken questions commonly used in state board examinations and prepared condensed, accurate answers.

TRANSACTIONS OF THE NEW YORK ACADEMY OF MEDICINE.—Pages 471. Published by the Academy.

This volume contains the transactions of the Academy, the anniversary discourses, presidential addresses, memorial addresses, Wesley M. Carpenter lectures and other matters of interest. The book contains much valuable matter.

CONTRIBUTORS TO THE MEDICAL BRIEF.

This is a portfolio of the contributors of the leading articles of the Brief during 1903. It is nicely printed and bound.

BOOK NOTES.

The Recorder gives a regular postgraduate course in surgery this year. The articles each month on surgery by Dr. Chas. C. Miller of, Chicago, and Dr. Thos. H. Manley, of New York, bring the surgical lectures and clinics to your own home.

The International Medical Magazine has been merged into Archives of Pediatrics and the consolidated journals will be published under the latter name. Both journals have been published by E. B. Treat & Co., New York, who find it to their interest to combine them.

Dr. C. C. Miller's article in this number is a specimen of what Recorder readers will get every month this year. Next month's article will be

on "Flat Foot", with twelve original illustrations. Every practitioner ought to have these articles giving the latest and best procedures in practical surgery.

The Medical Book News for January is filled with interesting matter relating to medical literature. This magazine contains in each issue a variety of information about medical books of all kinds. A sample may be obtained by addressing the publishers, P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The International Medical Annual for 1904 will soon be issued by E. B. Treat & Co., New York. This is the twenty-second year of the publication of this year book. The couvenient size and dictionary arrangement of the volume, supplemented by a full index make it a very convenient reference work. The volume will contain 740 pages and will be illustrated with plates in color and black and white.

F. A. Davis Co., Philadelphia, announce the early publication of "Modern Ophthalmology"; by James Moores Ball, M. D., of St. Louis. The book will be a large volume of 822 pages, with 417 illustrations in the text, two plates in black and white and 21 photos in color. This will be the most elaborate work of the eye offered to the profession for some time. The book will not be a rehash of old text books but a modern treatise based on the author's experience.

Every subscriber to the Recorder this year gets one thousand premium labels. If your subscription has expired now is a good time to send in your renewal and get the premium labels. The large number of subscriptons received during the past month has kept the Recorder force unusually busy. When sending in your subscription be sure to write your name and address distinctly. We receive hundreds of letters in which it is impossible to decipher all the letters of a name; for instance u's and n's often both look alike.

Some of leading articles in Suggestion for February are:—"Auto-Suggestion and Health in Winter," by Herbert A. Parkyn, M. D.; "Philistine Philosophy," by Elbert Hubbard; "Psycho-Therapy and Its Critics," by Sheldon Leavitt, M. D.; "Curing by Suggestion," W. R. C. Latson, M. D.; "Grasping an Opportunity," by Paul Latske; "Is Magnetic Healing a Fraud?," by B. B. Kingsbury, attorney at law; "Unto the End," by Ella Wheeler Wilcox; "Unseen Faces Photographed," by Dr. H. A. Reid, M. S. P. R. A sample of this magazine sent free to any of our readers who wish to see a copy. It is published at 4074 Drexel Boulevard, Chicago.

The February McClure's contains a stirring article by Ray Stannard Baker on the labor situation in San Francisco. Mr. Baker has just been there, and he finds the worst monopoly in town to be "A Corner in Labor." Indeed the situation described is more startling than that of Chicago or New York, of which Mr. Baker has already written. Miss Tarbell's third chapter of her "History of the Standard Oil Company," Part Two, is thrilling likewise. The other articles are by John La Farge, whose splendid interpretation of great pictures of "War" is the second of his series on "One Hundred Masterpieces of Painting," and Frank H. Schell, who tells of hazardous adventures while "Sketching Under Fire at Antietam." The fiction is sincere and strong.

The February Everybody's has what the democratic party now stands for, by the new leader of the democracy in the house— Congressman

John Sharp Williams. Emory R. Johnson's explanation of "What the Panama Canal will do for the Country." A superb series of pencil drawings of Philadelphia by Vernon Howe Bailey, as good an art feature as any magazine has had, a summing-up of the season's baseball records and portraits of the "All-Star Baseball Team," fine pictures of the women who lead society in the big Western cities, accompanying an article on Western society by Mrs. Reginald de Koven. In a sterner vein is David Graham Phillip's phillipic, "The Madness of Much Power," in which he diagnoses the strenuous disease now epidemic in America.

The much talked of Daily Medical Journal appeared Feb. 8th. It will be issued every day at New York, except Sunday, in a four page newspaper form. It contains medical news and notes and articles on current medical affairs. It is well printed on good paper. We have a special proposition to make any of our readers who wish to take it. Upon receipt of $1.50 we will send the Recorder one year, the Daily Medical Journal one year and 1000 premium labels. The full amount must be sent to secure this offer. If your subscription to the Recorder is paid in advance, send $1.50 and we will advance your subscription another year and give you the above offer. Please remit by draft, money order or registered letter. We cannot accept personal checks on this offer unless 15 cents is added to cover cost of collection.

The leading article, in February Success, from the masterly pen of David Graham Phillips, tells "How Wall Street Makes Something Out of Nothing," and throws some interesting side lights on the great money mart. In a symposium on Lincoln, Alexander K. McClure, William T. Harris, E. Benjamin Andrews, Charles F. Thwing, Henry Mitchell MacCracken, Henry Clews, and William O. Stoddard, express their views on what effect a college education would have had upon the life and character of the Great Commoner. "The Dream Children of Literature" by Richard Le Gallienne. "A Plea for Good Manners," by Mrs. Burton Kingsland, the well-known writer on etiquette; "Books Worth Reading," by Arthur Stringer; "The Humorous Side of the White House;" by Arthur W. Dunn; "The Wit of Women," by Kate Sanborn, and "Vitality and Success," by Dr. W. R. C. Latson, are other articles of especial interest.

Alma Martin Estabrook's novel in the February number of Lippincott's Magazine more than confirms the belief in her ability to write a good long story. Short fiiction from her pen has appeared in many magizines and won much deserved commendation. "Cousin Patricia," her present novel, is a tale of modern life. It entertains, preeminently, from beginning to end. Invention is clever throughout, and the climax shows a blending of strength and charm in the writing which is high. ly satisfying. Arthur Symon's name is arrestive in the list of short stories. His contribution, called "Peter Waydelin's Experiment," shines with the human element as portrayed through a man who loved art "for art's sake." George Moore's "Avowals," which have been running through the Lippincott since September last, have made no little impression upon thinking people. This month he writes about "Walter Pater," and embodies a striking letter from Pater which is most valuable. People are interested in the Dagoes to be seen in our streets hard at work. Maud Howe writes a paper about them under the attractive title, "From Italy to Pittsburg." The verse of the month as well as the "Walnuts and Wine" are quite up to the usual high standard.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

DIABETES MELLITUS.

By David Harold Snowden, M. D., Sterling, Kan.

Mr. S., 60 years old; full habit; weight, 198 pounds; urine test, 1,040; acid; color, light straw; quantity, 8 quarts in twenty-four hours; bowels constipated; quantity of sugar per ounce, 15 grains. Put patient on arsenauro January 16, a. m., giving the very unusually large dose of 85 drops every four hours for thirty-six hours, when I found the urine decreased in quantity to 6 quarts in twenty-four hours, and specific gravity, 1,032; quantity of sugar per ounce, 7 grains. For the next thirty-six hours pushed arsenauro to complete saturation, at which time bowels were loose; quantity of urine, 4 quarts; specific gravity, 1,026; sugar test showing small quantity of sugar. Next four days reduced dose of arsenauro one-fourth, at the end of which time the sugar disappeared from the urine entirely; quantity at this date (February 25) is reduced to normal; color, rich amber; specific gravity, 1,020. Expect to keep up the dosage for some time to come. This patient was not dieted, but ate his usual food. I am satisfied that arsenauro is a specific in diabetes mellitus.

PLEURISY.

By Colin Campbell, M. D., L. C. R. P., M. C. R. S., Southport, Eng.

Dr. B. was under my care last winter suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on December 7, 1902, accompanied by severe pain over the cavity, and a temperature of 103°. His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occured to me to try antiphlogostine. The material was warmed and "trowelled" on for many inches around the pleuritic centre, then covered with non-absorbent lint and jaconet. The result was remarkable; the pain disappeared within an hour, and the high temperature within two days. Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief from pain, its adhesiviness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin.

Chillblains to many will appear a trifling matter, but as one whose school days in winter were rendered miserable by them, I can assert that they are most maddening. Last winter my daughter, age 11, suffered from them severely. Each time antiphlogistine was applied, the redness and intolerable itching disappeared in a night. I have tried remedies innumerable with no such results.—Medical Press and Circular, London, Eng., October 7, 1903.

I have used sanmetto in the various inflammatory conditions of the urinary tract—especially in acute cystitis and prostatitis—with good results. Other preparations on the market that are said to be the same thing are not compared with sanmetto.—H. E. Phares, M. D., Shelbyville, Ind.

SUPPURATING APPENDICITIS OPENING INTO THE BLADDER.

By Dr. Enrique Fortun, Surgeon of Hospital No. 1, Havana.

Juan G., a Spanish merchant, 37 years old, with evident syphilitic antecedents, began to suffer about two months ago acute pains in the right iliac pit, while a tumefaction was observed in that region.

He became an inmate of a clinic of this city, where his case was diagnosed as malignant neoplasm. After remaining about 20 days in said clinic. the patient decided to leave for Spain; in the meantime, he stopped at a hotel here. While there he was taken with fever and ague, with a temperature of about 41 degrees C., and the first micturition following this attack did show the presence of a great quantity of pus.

Dr. Parra, who was attending the patient, did me the honor to ask me to assist him. I called on him the night after the evacuation of pus had occurred.

The first symptom to which my attention was called upon examination was the dimension and hardness of the liver, with swellings, the massiveness of which continued uninterruptedly in connection with the massiveness of the iliac pit, in which region (the right iliac pit) an accentuated muscular resistance was observed, though that region instead of being swollen presented a depression, at the bottom of which the rim of the hepatic gland could be felt by the hand. The temperature was 38 degrees, the pulse beat between 80 and 90, and the general condition of the patient was rather satisfactory.

The diagnosis offered no doubt in our opinion: Suppurating Appendicitis with evacuation into the bladder (the urine which was shown to us was extremely fetid and mingled, and it did contain a large quantify of pus) and syphilitic cirrhosis of the liver.

We advised the patient to consent to be operated upon, which he did. On the following day an incision of about 7 centimetres was made into the middle of the depression observed in the iliac pit. We rapidly reached a perfectly defined cavity, which contained a little pus fixed with mucosities. We washed out the cavity with hydrozone and plugged it with iodoform gauze. On the following day, when we dressed the wound, upon careful examination of the cavity, we did not find any connection with the bladder, but we could extract the appendix which was affected by faeces.

A complete cure was accomplished in a month, and during that time the liver decreased considerably in volume. Since the third day of the operation antisyphilitic treatment was followed.

The communication between the cavity of the abscess and the bladder healed after 12 days of treatment.—From Revista Medica Cubana, of July, 1903.

WHAT SHALL IT BE?

This question is present in the mind of the busy physician every summer when he confronts the problem of appropriate tonic medication for the weak, poorly-nourished and debilitated. He knows that during no other season of the year is there so marked a tendency to disturbances of the gastro-intestinal tract, and that many intractable forms of diarrhoea may result from unsuitable foods and medicines; the first requisite, therefore, is to select a tonic that has the negative virtue that it will not irritate the sensitive stomach and intestines. Cod liver oil, iron and the usually employed nutritives and tonics have a well-defined local irritant action on the gastro-intestinal tract, and are unsuitable when these

organs are in the super-sensitive condition so commonly present during the heated term; these remedies, experience proves, lack even the negative virtue of non-irritating character. The next question to be decided is, what remedy has a selective action on the gastro-intestinal mucous membrane whereby its functions are kept in a normal condition? In other words, how may the natural tendency of hot weather to set up irritation of these organs be combatted, and at the same time how can the patient be properly nourished? A moment's thought as to the physiologic effects of Gray's glycerine tonic comp. will answer these questions and explain why this remedy is the best tonic and reconstructive for summer use. First of all Gray's tonic is one of the most prompt and reliable gastric sedatives known to the profession; as instance of this it is only necessary to recall its widespread use in the gastric irritability and vomiting of pregnancy and seasickness. Once having pacified the stomach, it exerts very positive effects upon the secretory and motor functions of this organ, manifested by creation of appetite and increase power to digest food. It is a great step forward when these patients can take sufficient quantities of proper food and have the power to digest and assimilate it. Gray's tonic accomplishes this, and as a consequence has a pronounced influence in improving the nutrition of the patient. It thus starts aright the complicated physiological processes which result in increased blood constituents, more vitality, greater strength and increased power to resist the inroads of disease.

AN OBSTETRICAL ASSISTANT.

The wide rauge of usefulness of Hayden's viburnum compound in obstetrical practice should make for it a place in every obstetrical satchel. In many instances the physician is not called in until threatening symptoms manifest themselves, which to the trained obstetrician point to abortion, Unless prompt action is taken premature birth will result. "H. V. C." exerts a sedative effect upon the nervous system and controls uterine contraction and hemorrhage. The spasmodic rigidity of the os is relaxed; after pains and dangerous flooding are controlled; and in all it is a most important addition to the obstetrical armamentarium; it is not a narcotic and offers all the advantages of ergot without its dangerous after effects.

COUGH AND RESTLESSNESS IN PNEUMONIA.

Dr. W. J. Parker, truthfully states in the January Medical World, that "The season for pneumonia is here" and it may be of interest to our readers to know that he has found an excellent remedy for the dreadful malady in antikamnia and heroin tablets. Each of these tablets contains five grains of antikamnia and one-twelfth grain heroin hydrochloride and the dosage is one tablet every two or three hours according to the exigencies of the case, or at the discretion of the attending physician. We may also add, that Professor Uriel S. Boone of The College of Physicians and Surgeons, St. Louis, also reports most satisfactory results with this remedy in pneumonia, bronchitis and la grippe, particularly in relieving accompanying spasmodic coughs and muscular pain.

"Many a man is today worrying over a case or two of pneumonia, pleurisy or capillary bronchitis, whose troubles would flit away like mist did he but know enough to put his patient into a jacket of antiphlogistine.—Medical Summary, November, 1902.

ANTITOXIN PRICES.

It has been charged repeatedly by sensational newspapers within the past few days that the antitoxin producers of this country have formed a trust and greatly advanced the prices of diphtheria antitoxin without any regard whatever for the welfare of the public. As it is important that the medical profession should know the exact truth we ask you to allow us space to present the facts to your readers.

The manufacturers of antitoxin have not formed a trust or combination.

The price of antitoxin has not been advanced, but it has been materially reduced.

Formerly diphtheria antitoxin was marketed in two grades called by us "Special", which was a concentrated serum, and "regular", a much weaker product. For obvious reasons the majority of the medical profession preferred the "Special" serum, its much smaller bulk per 1000 units more than offsetting, in their opinion, the necessarily greater cost.

There has also been considerable complaint from the medical profession about the multiplicity of packages and sizes offered, we ourselves listing ten (10), and it was believed that a reduction of this number would be in the interest of everyone concerned.

For these reasons, and others of equal weight that we could enumerate, we determined to discontinue the weaker serum and supply only the concentrated, or highest-grade product after January 1, 1904. At the same time we discontinued the 500 unit so-called immunizing dose, since many able members of the medical profession now believe that 1000 units should be given for immunizing purposes. At the same time we reduced the price of the concentrated serum as is shown by comparing the present retail price of this product with that of last year:

	1000 Units.	2000 Units.	3000 Units.	4000 Units.
1903 price	$2.25	$4.00	$5.75	Not Offered
1904 price	2.00	3.50	5.00	$6.50
	$ .25	$ .50	$ .75	

Of course there are liberal discounts to druggists from these prices.

The charge that we have raised the price of antitoxin is therefore seen to be absolutely false. Not only have we reduced the price but we are supplying now only the highest grade serum that can be produced by expensive equipment and the most advanced scientific methods, believing that the interests of the public and the medical profession are alike conserved by our doing so. Our house introduced the syringe-package of serum to the physicians of America and we have ever striven to co-operate with the medical profession as far as possible. It is, therefore; we believe sufficient to call attention to the above facts, which completely refute the absurd and maliciously circulated charges which have called forth this statement.

FREDERICK STEARNS & CO.
Detroit, Mich. January 13, 1904.

A good urinary antiseptic is a necessity. Uriseptin is an excellent one. The Gardner-Barada Co., 42 River St, Chicago, will be glad to tell you all about it.

The latest preparation of the suprarenal gland is adnephrin. This preparation contains the active principle of the gland in a stable form. It gives all the valuable properties of the gland and does not quickly deteriorate. We have recently used it on eye, ear, nose and throat cases with good results. It is made by Frederick Stearns & Co., Detroit.

BRIEF MENTION.

Now is the time to buy a road cart of D. F. Sargent & Son, Geneseo, Ill.

Dr. W. H. Gray, Michigan City, Ind., has a specific for removing tape worm.

Write Dr. Wm. B. Mann, Evanston, Ill., for prices of his special preparations.

If you want to buy or sell a practice or property, write The Medical Echo, Lynn, Mass.

1904 will be a great year for the Recorder; the subscription list will soon be 6,000.

The polyclinic chair made by the Perfection Chair Co., Indianapolis, Ind., is a good one.

For all kinds of signs write to Geo. Steere, 280 Clark street, Chicago, who is an artist in sign work.

Concentrated tincture passiflora incarnata, Daniels, quiets and tones the weak and irritable nerves.

Stearns, & White Co., Chicago, makes a large line of elegant pharmaceuticals; send for their catalogue.

Dr. Geo. W. Webster, president of the Illinois State Board of Health, advocates denial of admission to public schools of all children having tuberculosis.

Huston Bros. Co. 113 Adams Street, Chicago, makes a full line of surgical instruments and electrical apparatus.

Enzymol destroys pus. If you do not know about it write for a sample to Fairchild Bros. & Foster, New York.

Robin's Pill Cascara Comp. is very efficient in constipation. A. H. Robin, Richmond, Va., will send free samples.

Before you buy electrical apparatus write the Boston Electrical Appliance Co., 218 Tremont St., Boston, Mass.

Are you using bioplasm? It is a great remedy. Write the Bioplasm Co., 100 William St., New York, about it.

Phenadul is antiseptic, deoderant, antiphlogistic and slightly astringent. We advise you to get a sample and try it.

In chronic bronchial troubles you need triacol. Get a sample of The Alpers Chemical Co., 4 White St., New York.

The Bovinine Co., New York, issues a large and valuable treatise on haematherapy which is sent free to physicians.

Calicolo is curing many cases of tuberculosis. The Butler Positive Treatment Co., San Diego, Cal., will tell you all about it.

Truax, Greene & Co., Chicago, sell everything the physician and surgeon uses in his practice. Send for their catalogue.

The aphrodisiac compound made by Dr. Wm. Mann, Evanston, Ill. cures. It is made by an experienced physician and pharmacist.

Chloropepsoid has established its therapeutic value. The Mueller Chemical Co., Lima, Ohio, furnishes information and samples.

Hematone is a fine reconstructive for convalescents. The Chicago Pharmacal Co, 141 Kinzie St., Chicago, will send you free sample.

Dr. John Aulde, 1013 Arch St., Philadelphia, will send you free of charge a number of valuable little books on cellular therapy.

Naphey's Wafers have given good results in the treatment of diseases of women. Samples free if you write Naphey & Co., Warren, Pa.

The improved dry hone made by E. A. Harrington, Waukesha, Wis., is very satisfactory for keeping razors, knives and all kinds of instruments sharp.

In treating fractures the ambulatory pneumatic splint has become a necessity. The greatest surgeons use it. Full information regarding it can be obtained of the Ambulatory Pneumatic Splint Mf'g Co., 161 Randolph St., Chicago.

Calcidin is a specific in croup; is a valuable therapeutic agent in bronchicoryza and catarrhal conditions. A sample and booklet can be obtained of the Abbott, Alkaloidal Co., Chicago.

Fellows' syrup of hypophosphites has for years stood for the highest excellence in hypophosphites. Whenever you prescribe it you know your patient gets something good and reliable.

Owing to the scarcity of cod-liver oil this year many pharmaceutical houses are using other oils as substitutes. Hydroleine contains the genuine, pure cod-liver oil in a digestible form.

Edward Pennock, 3600 Woodland Ave., Philadelphia, issues a bulletin of bargains in microscopes and objectives, cameras, etc. If you want a warranted instrument at a low price, send for this bulletin.

Dr. Becker's compound digest is prepared in tablet form, which is very convenient for the medicine case and for dispensing. Samples free by addressing the manufacturers, 107 Dearborn St., Chicago.

Phenadul is a very efficient antiseptic. In the worst septic conditions it has proven of great value. Write for free sample to Andrew Chemical Co., 6 Merrimac St., Boston, Mass. It is worth writing for.

Received sample of ecthol, and have used same on a bad case of follicular tonsillitis with a complete cure in twelve hours. This is certainly re-

markable, and am very much pleased with it. At present am using it on a leg ulcer with remarkable results, and I can heartily recommend it to the profession.—A. B. Hannon, M. D., Chicago, Ill.

The ideal germicide seems to have been found at last. It is water-soluble, non-toxic, non-irritant, and highly potent, a 1 in 2,000 solution proving fatal to all germs in less than a minute. The name of this new product is alphozone and it is manufactured by Frederick Stearns & Co., of Detroit. Alphozone is a single chemical individual, di-succinyl peroxide, and is a recent discovery of Professor Clover, of the University of Michigan. Organic peroxides have long been known to be potent germicides but most of them have such serious disadvantages that they cannot be marketed safely, such as explosiveness, etc. Alphozone is free from such objections is absolutely pure and soluble, and retains its activity for any length of time in the dry condition. Ask the makers for a sample and literature; they will be glad to send them to you.

The day is rapidly passing away for people to get their glasses by going to some store, picking over and trying a peck of stock glasses, then buying the pair they think they see best with. People now are realizing the value of accurate refractive work and wish their eyes properly examined, this work is rapidly going to the physician instead of to the storekeeper. The physician is very successful in this work as his trained and experienced powers of observation and judgment enable him to accurately interpret what he sees. The advertising pages of the Recorder offer everything necessary to the physician who wishes to undertake refraction. The Golden Cross Eye, Ear, Nose & Throat College, of Chicago, offers instruction both by personal and correspondence courses. The Johnston Optical Co., of Detroit, offers instruments and optical goods. The Johnston people are an old and reliable firm. We have bought their goods for years with great satisfaction. For optical literature the Optical Journal and the Annals of Ophthalmology offer all that is needed.

Greenville, Ohio, December 12, 1903. Styptogenic Manufacturing Co., Rutherford, N. J. Gentlemen: Kindly accept my P. O. order for $1.25 in payment for a box of crayons sent me last May; also please pardon me for not remitting sooner; the reason is that I have traveled quite a bit since then, and that letter upon being first received was mislaid. As regards your request in reference to the utility of your crayons as a remedy in disorders of the female generative organs I will unhesitatingly say that they are the "ne plus ultra" in cases of leucorrhea and hypertrophy of the internal mucous membrane, in hardening of the cervix, in bleeding from the womb; in fact, in nearly all ailments of that important organ where medication is at all indicated the crayons are the ideal gynecological remedy, preventing surgical operation in ninety-five out of a hundred cases, restoring splendid health and tone to an organ whose disease is oftentimes the bane of woman, if not the undoing of man. Let them be used in conjunction with mild purgatives at night preceding their use always, and after cleansing the part with 20 per cent. solution of dioxide of hydrogen before introduction. Please send another box. O. C. Ludwig, M. D., Greenville, Ohio, formerly of Cincinnati, Ohio.

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LEADING ORIGINAL ARTICLES.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 47, February Recorder)

PES PLANUS—(FLAT FOOT.)

This is an exceedingly common condition, one which practitioners frequently fail to recognize, much to the discomfort of their patients, who continue to suffer, while submitting to treatment for rheumatism, gout or other non-existing ailment.

In this condition, the natural arch of the foot is lost as the result of the relaxation of ligaments and soft parts.

Pain develops in the affected member after the patient has indulged in any considerable amount of walking or standing, and the patient is annoyed by muscular cramps, frequently, after exercise.

Many a perplexed physician has treated patients with every form of therapy, trying to relieve the pains of flat foot and has finally permitted the patient to leave him in disgust, when a properly applied support would have given relief to the sufferer. Where inflammatory symptoms are absent in any patient suffering from a painful affections of the feet, the physician should assure himself that the suffering in not due to a relaxation or giving way of the plantar arch. Simple inspection of the patient, barefoot, in the standing posture will usually reveal the trouble. It is to be remembered that complete giving way of the arch is not necessary to cause a great deal of suffering to the patient; in many instances the full development of the condition, while more apparent in the gait of the individual, will be accompanied by less suffering than during the progress of its development. There is a peculiar loss of the natural spring to the step, and the patient turns the foot outward, when walking, in a rather awkward manner. An impression of the foot can be taken, by standing the patient on any sensitive surface, and the condition is thus made apparent by the impression which the instep makes, which impression is absent in the normal condition.

Flat foot, particularly when incipient, may be treated by adhesive strips for a time. By this means support and

relief may be given temporarily, demonstrating the correctness of the diagnosis. In a few cases, where the patient can correct his habits, so as to avoid much standing or walking, this form of treatment may alone prove sufficient to check the progress of the process. The strips are to be applied after carefully cleansing the foot, and while it is held in the corrected position. The outer border of the plantar surface of the foot should be pressed downward, a strip of plaster about one inch wide should be firmly fixed and then brought obliquely across the instep, which should at the same time be drawn upward while heel and toe are drawn downward by an assistant, if possible, to accentuate the arch. The strapping should be thus conducted, closely overlapping each strip, if the condition is well developed, in order that firm support may be insured. If the strips give relief they may be worn for a week or two, or until soiled, unless the pain should return; then the patient should be instructed to report for their reapplication, even if only a day or two has passed. Where the strips give relief only for a day or two, one can usually safely infer that a plate will be needed to secure permanent relief. As a rule the practitioner can inform the patient that the simplest and surest treatment will be a properly applied plate.

PES CAVUS.

Pes cavus, the reverse of pes planus, is seldom seen alone; usually it is a complication of some form of talipes. Where existing alone, the contractured tissues may be divided by subcutaneous tenotomy or by manual force; then a plaster cast applied maintaining the corrected position. It can be dispensed with for a plain sandal to which the foot may be bandaged, until the tendency to relapse has been overcome.

TALIPES—(CLUB FOOT).

In club foot we have deviations of the foot in four directions and combinations of these varieties.

Extension of the foot is known as equinus, flexion of the foot, that is, elevation of the toes, accompanied by depression of the heel, is known as calcaneus. Varus is that type where the inner border of the foot is elevated and the plantar surface directed inward, while valgus is the reverse, the outer margin being raised, the type being that of an exaggerated flat foot.

We have also equino-varus and equino-valgus, calcaneo-varus and calcaneo-valgus, the first of these compound types, the equino-varus, representing three-fourths of all cases of club foot.

The congenital variety of talipes is almost invariably merely a deformity without paralysis, and this type alone will we consider for the present.

The mildest treatment of equino-varus in the infant is the adoption of a plan of frequent over-correction of the deformity by the nurse. Only cases of very moderate deformity will respond to this method of treatment.

Manual correction assisted by the plaster of paris bandage is to be recommended, as an excellent means of treating these cases. The first effort must be to overcome the varus. The foot is to be gently rolled outward until a condition of valgus is secured. Equinus is also to be overcome if possible, though very often this is not so easy. The toes should be separated with bits of cotton, the remainder of the foot greased with vaseline and a plaster cast applied. After a week or two the cast is removed and further correction accomplished, as much as possible. This method may be continued until decided valgus is secured. We will then have a well marked equinus to overcome in many cases.

FIG. 1.

Fig 1 illustrates a well marked case of talipes equinus.

FIG. 2.

Fig. 2. illustrates the condition of calcaneus combined with the condition of pes cavus.

FIG. 3.

FIG. 4.

FIG. 5.

FIG. 6.

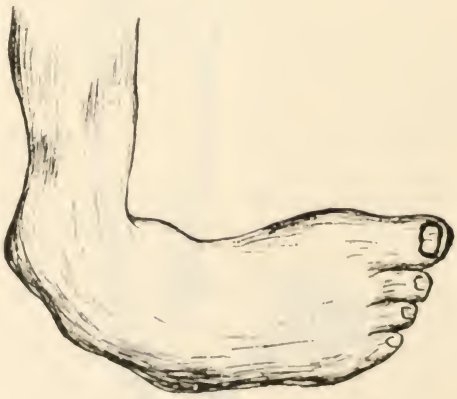

FIG. 7.

Figs. 3, 4, 5, 6, 7 illustrate the various stages of talipes varus and talipes equino-varus. A much worse condition than is illustrated in any of these drawings is sometimes noted in adults where the condition has received no treatment.

FIG. 8.

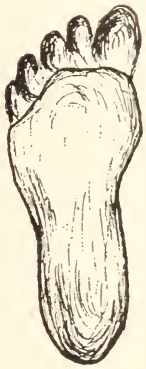

FIG. 9.

Figs. 8 and 9 illustrate the form of impression made by the normal foot and by the foot of the patient suffering from flat foot or pes planus.

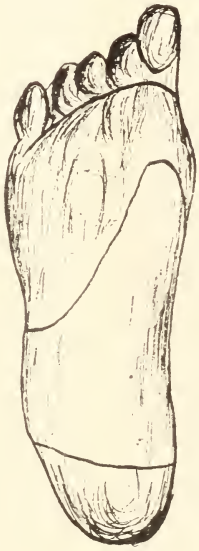

FIG. 10.

FIG. 11.

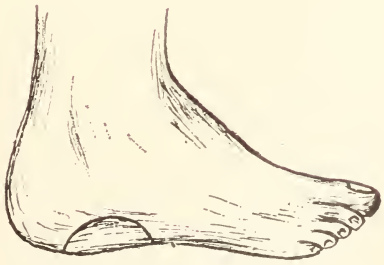

FIG. 12.

Figs. 10, 11, 12 illustrate the form of metal brace commonly used to give relief for pes planus. The physician, who wishes to measure for a flat foot brace, should communicate with the dealer from whom he contemplates the purchase of the plate for instructions as to the method of measuring the foot, as by such a plan he is most likely to secure a satisfactory brace.

Tenotomy will, as a rule, greatly simplify the treatment. The tendo Achilles is divided. Nothing is required for this operation but a scalpel. An incision can be made or it can merely be carried under the tendon, which is rendered tense. This tendon is divided by a sawing motion, the scalpel removed, an antiseptic dressing applied and the foot over-corrected and a cast applied. The foot should remain in plaster for several weeks after full correction has been secured.

These cases require attention even after an apparent cure. When the plaster is dispensed with, rather vigorous massage should be practiced several times daily to assist in the development of the member. In this way much can be accomplished toward developing muscles where they are imperfectly functionating. If there be a tendency for the deformity to recur a brace should be secured and used for some time. Even after the tendency for the deformity to reappear has passed, the surgeon should not allow the patient to pass from sight as cured.

The treatment just outlined need not be objectionable. The bandage should be so applied as not to cause discomfort. If you have the least reason to feel that the bandage is exercising unequal pressure or that a ridge or wrinkle exists at some point, remove the bandage and replace it by another. Care should also be used to see that the bandage is not too heavy. To avoid this we must avoid too many turns to our bandage, and those bandages heavily impregnated with plaster.

A cure can be promised the parents of an infant suffering from equinovarus, where examination reveals merely a twisting of the foot, but they must also be impressed with the necessity for careful supervision over that child for some time after an apparent cure is obtained in order that relapse can be prevented.

Where the child has been relieved and returns months afterwards with the condition again present, treatment again promises relief, where we are dealing with the variety, which we have been discussing. The importance then, of watching the patient after the cure is apparently complete, will then be appreciated by the parents and more permanent results will probably be secured.

The second variety of which I wish to speak represents that condition, which can be expected to develop when the infant with the well marked equinovarus is neglected. In such a case we have besides the twisting imperfect development of the bony parts of the foot, as well as contracture and atrophy of other parts. This condition must not only be corrected but treatment continued until development of the bones along proper lines can occur.

Many have treated such cases entirely by braces and club foot shoes, others have adopted various operative measures.

Forcible Manual Correction of Club Foot.—Forcible manual correction can be used here, and such a method, while not ideal, possesses several excellent features, which make it particularly useful, as a means of treatment by the intelligent practitioner.

The patient should be anesthetized after the limb has been carefully cleansed.

The effort of the operator will be to forcibly overcome any deformity, which exists, and secure a foot which limply permits of over-correction. To accomplish this several steps are to be taken. All deformity is to be overcome by pressure, which is gradually increased, and which aims to avoid sudden tearing or subcutaneous laceration of soft parts as much as possible. The heel is grasped in one hand the forefoot in the other. By twisting force the deformity is overcome. In some a block is useful for use as a fulcrum against the outer border of

the foot. The downward and outward direction to the force will gradually secure the correction of the deformity. When the fascia of the foot is contracted, causing a cavus, this is to be overcome by gradually increasing pressure.

The last step will be to secure a replacement of the astragalus, which is distorted and dislocated. The patient is placed face downward upon the table the leg elevated into the perpendicular. Then the index finger of one hand is allowed to rest upon one side of the calcis, the remaining fingers on the opposite, the hand lying along the plantar surface of the foot. The foot is now repeatedly forced downward, toward the tibia.

In each step of the process the manipulations are continued until the parts can be placed in the position desired, and show no tendency to return to the deformed position.

In many of these cases a rotation of the leg will have developed at the knee, so that a plaster cast should be applied from the upper portion of the thigh to the toes, taking care to correct as much as possible this rotation of the tibia at the knee. The foot should also be reinforced with a strip of metal or wood so that the patient may be up and about without breaking the cast. Over-correction is indicated here as in previous cases.

(To be continued.)

HINTS.

By C. E. Boynton, B. S., M. D., Smithfield, Utah.

The only treatment for movable kidney is surgical. Pads do harm.

A good test for albumen is urine ℥j, plus potassium ferrocyanide solution to 20, plus ʒ¼ acetic acid. Result with albumen is a milk like flocculent cloud.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 54, February Recorder)

Polarity.—No matter which way we attempt to use this force we are constantly reminded that there is a wide difference between the phenomena noted at each end of a wire through which a current of electricity is flowing; and if we investigate each of these ends separately we will see that there is nothing in common between them. If we pass the current through a suitable conducting fluid, we notice that immediately bubbles of gas are given off at each end, more at one than at the other; and if our solution is neutral, and we collect the gas given off from the most active pole in a tube, and touch a match to it, we find that it will burn violently; we find also that the gas is very buoyant, and we must invert our tube in order to collect it; and if it is mixed with the slightest amount of air, it will explode violently. If we test the gas with moist limtus paper, we get a blue reaction, then we know that the gas is hydrogen, and we call our pole the negative or alkaline pole. If we collect the gas from the other pole in a tube, we find that it will not burn, but if we push a piece of steel wire that is red hot within the tube, it is immediately brought to incandescence. If we test the gas with wet litmus paper, we get a red color, showing an acid reaction; therefore we know that the gas is oxygen, and we call the pole the positive or acid pole. If we measure the volume of gas, we find that we have just twice the volume at the negative pole

as appears at the positive, and if we combine the two gases within one container and pass an electric spark through the mixture, we will have a terrific explosion; and by examining the jar carefully we will find drops of moisture, which on test is shown to be water.

This one simple experiment proves to any unprejudiced mind the absolute fact, that the "Molecule Theory" is the doorway to all of nature's marvelous manifestations of energy; and points out to investigators the path to be pursued, in order to solve some of the mysteries that encompass our finite minds. Here, by means of nature's invisible forces, we tear apart one of the most essential provisions made to sustain life upon this planet; and find to our astonishment that it is made up of two very dissimilar elements, wholly unlike each other in any characteristic, being of opposite polarity, and therefore having a strong affinity for each other, which can be mixed in the proper proportion and still fail to form a chemical combination; in fact, could be associated for years in the same container without change, until suddenly some "catalytic" substance, as spongy platinum, or some form of motion imparted to each atom, when suddenly both gases combine with terrifice violence bringing us back to our starting place, giving us water, without which life could not be sustained upon this globe.

Nothing can more forcibly bring to our minds the important place occupied by electricity in the scheme of creation; remove this form of energy and chemical combinations would not be possible, therefore life could not exist. We are only able to detect polarity by this method, while using low potential currents, just as long as our fluid offers considerable resistance to the passage of the current, we will get electrolysis, or, decomposition of the fluid into its elements by means of the electric current. But if we increase our voltage until the fluid practically offers no resistance, in other words, becomes a good conductor, we have to determine polarity by other methods. We accomplish the result by means of a magnetic needle suspended near a conductor. The direction of rotation will indicate the positive flow of current but if we use very high voltage, as in X-ray coils, or static machines, we must use still other means in order to determine the direction of the current of the X-ray transformer. We do this by using a ball upon one terminal, and a disc upon the other, and we find that the positive current will leave the edge of the disc for the other terminal; while if it is negative it will flow to the center of the disc. With the static machine we determine the poles by means of the appearance of the spark between the conductors; second, by the curious fact that the positive current will follow a match or pencil around the electrode, and third, by the appearance of the "stars" on the positive brush and the brush discharges upon the negative combs.

(To be continued.)

ULCERS AND ULCERATIONS.

By Thomas H. Manley, M. D., Ph. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

A Clinical Lecture Delivered at the New York School of Clinical Medicine, July 27, 1903.

FOURTH LECTURE.

From whatever aspect we view ulceration we are struck by its close analogy to abscess. Like this, its startling point is always inflammatory; in fact, an abscess may degenerate into an ulcer. Non-malignant ulcers involve a solution of continuity of the tissues, though

a local impairment of the nutrition of the parts, which renders them morbidly susceptible to an irritant or injury, retards repair, and favors a fresh breaking down after healing.

Leaving out in this consideration, the specific and malignant ulcers or those dependent on strumor and allied conditions, the most common type, is that seen below the knee, consecutive to disease of the veins, so common in working people and child-bearing women.

Healing of the surface by granulation, as it is witnessed in the repair of wounds or burns, is essentially a phase of ulceration.

There is a budding forth of a new capillary net-work with a proliferation of the fixed connective tissue corpuscles, a reticulum spreading over the open chasm into which are clustered large numbers of succulent granulations. In healthy repair these undergo condensation, or they may undergo liquefaction, to be thrown off with the secretion of the sore, or contribute to form its protective crust, just before cicatrization.

Now, infectious, non-malignant ulcer is only seen in the lower extremity, rarely until after puberty.

Its quite exclusive etiological factor is vascular; the primary seat of the trouble is in the veins, the superficial and the deep. The erect attitude of the body, the moving of a large volume of blood against gravity, explains why the walls of the vessels stretch, the muscularis atrophies and the valves give way. Large loops of vessels widely distend with stagnant blood, the intima becomes inflamed, whole coils become distended with firm coagula. These latter at times, undergoing calcareous changes, when the large internal-saphena has the feel of a pipe-stem, and the venous blood can only move out upward, through the deeper set. Phlebitis and periphlebitis of the lower extremity are in some rather obscure manner associated with the reproductive function of the female, though varix of an aggravated form may occur in the virgin.

Extensive varix, phlebitis or thrombosis lay the foundation for leg ulcers. The surface vessels are the seat of the most accentuated changes, and hence, the integument suffers the most pronounced atrophic changes; the whole glandular layer of the integument disappears, the skin may become as thin as parchment. On the inner aspect of the leg we may note that the subcutaneous layer of fat has disappeared, and the integument is firmly adherent to the periosteum of the tibia.

So impaired is the nutrition of the integument in well established varix of the young or old, that regardless of what precautions may be observed or technique employed when the vessels are resected, the wound never heals by primary union, nor ever, except by a very tedious process.

In many aggravated cases, every tissue in the limb suffers from vascular starvation, the limb bloats, becomes weak and painful. Although not immediately dangerous to life, there is no lesion of the body of a non-malignant character which occasions so much and so protracted distress as those dystrophic conditions of the lower extremity resulting from varix. We may have any phase and type of varicose ulcer, the indolent, the irritable, the phagadenic, the acute and the chronic, much depending on the constitutional condition of the patient, and the complications. The most distress comes from the presence of eczema with the furious exacerbations of burning pruritus, or when the infective processes spread from the base of the ulcer into the periosteum.

Most of those who suffer from varicose ulcer will tell us that they hit their shin against something, which was the exciting cause. But, the real defect pre-

existed. The insignificant injury on lowly nourished tissues was ample to prove the starting point of a very troublesome ulcer. The tissues lacked resisting power to the invasion of pathogenic germs, and hence, infection quickly spread in every direction with a tendency to chronicity.

The treatment of varicose ulcers has undergone no notable changes during the past thirty years: the underlying principles of their treatment remain essentially the same. In their order of importance comes first, rest. Rest, with simple cleanliness and proper enviroment will cure the worst case. But, lotions, salves, firm strapping with the most valuable of all expedients, the firm, comfortably adjusted bandage, all have their uses. As a local application in several varieties, judiciously employed, nitrate of silver, in crayon or solution, is almost a specific.

Prophylaxis is of supreme importance. Occupation permitting proper rest of the limb is highly important, if expedient; if not, then the limb should be well bandaged, with muslin in summer, and flannel in winter. Any description of rubber elastic bandage should be discarded.

Hygiene of the limb, bathing, cleanliness, moderate annointing the integument with some bland lubricant, regular diet and correct diet are all helpful.

We should always advise those whose ulcers have healed, that there is a strong tendency to recurrence, this being much lessened by their own caution.

The brain at birth is one-third the weight of the adult brain. The first year's brain is 78 per cent. that of the adult. The fifth year brain is 90 per cent. The eighth year brain has reached the adult average.—C. E. Boynton, B. S., M. D., Smithfield, Utah.

MUMPS.

By J. A. Burnett, M. D., Sullivan, Arkansas.

Mumps, parotitis, is an acute contagious disease characterized by an inflammation and swelling of the parotid gland. Occasionally it involves the other salivary glands and in the male the testicles and in the female the ovaries and mammae. The disease is not usually severe or fatal but it often causes atrophy of one testicle and in some instances both testicles, leaving the patient a eunuch. The disease is due to a specific posion, probably a micro-organism whose nature is unknown. The infection is supposed to take place through the salivary ducts. Suppuration is seldom produced by the inflammation.

Mumps is spread by contagion and close contact is usually required to communicate the disease, but it has been carried to the third party by clothing. It is communicated principally by the breath, but the salivary secretion is the greatest source of contagion. Males are more liable to it than females, and it occurs more frequently in children and young adults, old people and infants being rarely affected by it. The greatest predisposition is between the fourth and fourteenth years.

Mumps is contagious from the beginning of the first symptoms and can be communicated before any swelling takes place, or as late as ten days after the swelling has disappeared.

The average incubation period of mumps is about fifteen days, but it may develop as early as ten days or as late as twenty days. In persons whose health is good the local symptoms are first to attract the attention. There will be pain which usually precedes swelling, which is increased by movement of the jaws by pressure and in most all cases by the presence of acids

in the mouth. The swelling may be in both glands at the same time or only in one gland. If both glands are involved it usually gives immunity to the second attack. The degree of swelling varies according to the degree of the attack, which reaches its maximum about the third day and will remain stationary for about three days and then subside gradually. The submaxillary or the sublingul glands are in some instances involved before the parotid gland, and occasionally they are the only glands affected.

The initial temperature is from 100 degrees to 104 degress F., which will be usually accompanied by headache, vomiting, pain at the angle of the jaw. The swelling of the left parotid gland is usually first and it may extend to the cheek and neck and fill the depression beneath the ear. The swelling generally disappears by the twelfth day. In most cases the salivary secretion will be increased but occasionally the opposite condition is present.

During an attack of mumps the patient should be kept in a well ventilated room of even temperature and should be isolated from those who have not had the disease. Warm applications should be applied to the swelling. The bowels should be kept cleaned out by mild laxatives or rectal injections. During the febrile stage mild diaphoretics should be used. Males must avoid taking cold or standing on their feet too much if they wish to save their testicles. If the testicles become involved a paste made of water and subnitrate of bismuth applied freely to the scrotum will be of much value, as it is very cooling and soothing.

Dr. E. S. Sherrill in scarlet fever obtained fine results with two drop doses of carbolic acid in glycerine and water every two hours treating a child of eight years.—C. E. Boynton, B. S., M. D., Smithfield, Utah.

OUR DRINK.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

This, as well as hunger, is one of nature's calls for supply to the wants of the system, and the right choice of our drink is no less a matter of importance than eating, and first, in our estimation, comes the pure cold water. The pump and cow are the two greatest replenishers of thirsty humanity. Nothing is so grateful to the lips parched with fever as a light draught just from the spring, or the deep cold well; and alike in sickness and in health, it is the best beverage of life. It is not best, however, to drink cold water with the meals. The gastric juice itself, and the liquid in the food furnish sufficient dilution to the solid matter, and when the drink is cold it interferes with digestion. Warm drinks taken moderately are not detrimental. Digestion cannot take place with the temperature of the stomach lower than 100 degrees Fahrenheit, and it is very easily reduced below that.

Drinking, like eating, is to a great extent a habit, and many use far more than the real wants of the system require. Regularity in this as well as in eating, is necessary, unless extra demands are made by salt-food or perspiration. Usually the best time for drinking cold water is about two hours after the meal, and the stomach has mainly undergone its work of digestion.

As to coffee, the almost universal breakfast drink, many views are entertained as to the effects. It has slight tonic properties, and unlike the alcoholic stimuli, retards the usual waste to the system. To those who are sedentary in their habits and are nervous or inclined to disordered stomachs and headaches, it is very injurious and should not be indulged in at all. All children

are much better off, either upon milk or water. It should not be taken in large quantities at a time, as excess in it as in other things, will leave its bad effects sooner or later upon the system. In moderate quanities we regard milk for persons of active habits, by far the least objectionable stimulant that can be employed. Proof is not wanting, that in its use persons will endure extra labor and fatigue better than with alcohol, and the effects are less ruinous to the system.

As to tea, we feel that more serious objections can be urged against it. From its mode of preparation it is liable to contain injurious adulterations; the mode of drying it often imparts to it even chemical qualities, and the tea leaf from the tree is quite a different thing from the metallic infusion associated with it. As a medicine it is good for those not accustomed to its use, in case of headache of a nervous character; but in those habituated to its use it produces restlessness and a bad effect generally.

Cocoa and chocolate are so nearly alike that they may be noticed together. They are chiefly valuable because of the pleasant flavor they impart to the milk they contain. Both of them, like tea, are extensively adulterated. From one of the best reputed preparations in the market we have when cold, skimmed enough mutton grease to turn the stomach of any invalid. The prepared shell is the only form in which cocoa should be used, and this forms an excellent substitute for tea or coffee because it is prepared with milk.

As to alcoholic stimuli, a large book would be required to discuss their merits and demerits. It is the rule and law of their action that they stimulate but to depress. There is always a reaction. If the pulse rises under their influence, it afterwards falls below the standard. Their ill effects habitually used, may not be noticeable at the time, but they leave an effect on the constitution that will surely manifest itself after years.

Alcohol has its place in medicine and always will have. If you have overloaded your stomach, or are suffering from indigestion a little brandy may help you through the trouble; but it is not because it is good for you always. You do not reason so about other things. Opium may help you in colic, but on this account you do not take it every day. Except as a medicine, alcohol is never needed, and for three reasons at least, you should not prescribe it for yourself:

First.—It is often adulterated, and medicine being bad enough at the best, you should have that most pure.

Second.—It is a dangerous remedy. More have died from it than from strychnine or hydrocyanic acid. The habit acquired has ruined thousands whom all mankind would regard as stronger minded than you or I.

Third.—You can, in nearly all cases where you ought to prescribe for yourself, take something in its place. Ginger, cayenne pepper, calamus or mustard tea, will usually answer the purpose.

EPITHELIOMA.

By Andrew J. Mann, M. D., Evermay, Ga.

Derivation.—The word epithelioma is derived from the Greek, epi-upon, thele-nipple, and oma-tumor: Signifying that it is upon the surface like a nipple.

Definition.—A variety of the three carcinomatous tumors consisting of epithelial cells and origin mostly on mucous surfaces and malignant, as all of the carcinomata are.

Description.—The tumor consists of a globular or cylindrical mass each be-

ing closely compressed and compacted degenerating into "epithelial pearls." The cells form a cheesy mass while the pearls show concentrations like the layers of onions. These cells secrete an offensive watery fluid and very effusely.

Nature.—The nature of this tumor is to propagate itself into neighboring tissues by inflammation and malignant degeneration and transference into the lymphatics, owing to which it will sometimes recur after excision, or extirpation. It will only attempt to heal one side at a time by cicatrization, and occurs only in those organs or structures composed of cellular tissue, mucous membranes, skin, and glandular structures.

Causes.—Anything producing irritation or change of the normal cells or multiplication of same by retrogressive development, or degeneration usually from old sores, ulcers, burns or traumatisms.

Diagnosis.—Somewhat difficult, but the long duration and occurrence of the "epithelial perils," will usually establish a diagnosis complete.

Course.—Inevitably fatal in most cases, but modern therapeutics is rapidly striding to successful treatment of this variety of cancer, without—happily—the knife.

Treatment.—The X-ray is being lauded highly for its efficiency in the treatment of cancer, and no doubt is accomplishing much good. I know of a case, personally, in which, by this treatment life is being prolonged, but it is very expensive, and unfortunately many of the poorer classes, in which we are very apt to find cancer, are unable to avail themselves.

The usual methods are to keep the ulcers antiseptically clean, and with a nutritious diet and good hygienic surroundings, with an effort to prolong life. Of these, I believe, corrosive sublimate and carbolic acid are the general favorites. Salves of different kinds tend to aggravate and I have discarded them in my treatment. Ethyl alcohol diluted and arsenious acid in solution of 1 to 150 equal parts is said to be the best, but I would fear systemic effects from absorption and I for one have never used this treatment.

But ethyl alcohol, no doubt, plays an important factor in eradicating cancers, that is in proper combination and solution.

My plan is to keep the ulcer perfectly clean with solution of corrosive sublimate or hydrogen dioxide, and give an alterative composed of iodide potassium, stillingia sylvatica and echinacea, with a plain nourishing diet and when I see good results I discard all dressings except formalin five per cent., on absorbent cotton, sufficiently large to cover the ulcer. The painful effect may require morphine to give rest, and help to secure a successful application of the solution for several days, when the mass of degenerating cells will become dark and detach itself, completely separating the mass, leaving the underlying tissue absolutely free and clean; then and not before, would I apply a salve, to promote the healing in which creosote should be a part, and don't forget the use of hydrogen peroxide during the entire course. Allow me to say, that the above is a reliable and economical treatment and may meet the needs of many of our country physicians.

The positive pole of the galvanic current will give relief in most all cases of neuralgia. But in case it fails relief can be obtained in two minutes by saturating the positive sponge with the following prescription: Aconite one part, laudanum two parts, chloroform two parts and alcohol four parts. Mild currents must be used in order to prevent burning.—J. A. Burnett, M. D., Sullivan, Ark.

RHINITIS.

By W. Stuart Leech, M. D., Brooten, Minnesota.

As a general practitioner with a large practice for years far away from medical centers and various specialists, we deem it our duty to give the rest of our profession the benefit of our experience and observation. At this season of the year diseases of the upper respiratory tract will, undoubtedly, be the most timely. First, we find that catarrh is no name at all. It means to flow down. There is a catarrh of the great lakes at the Niagara Falls for it is flowing down. When we urinate there is a catarrh of the bladder or there is a catarrh of the esophagus when we take a drink. Away with such a word from our nosology.

A lack of close observation creates many fallacious arguments in our medical practice last but not the least are those pertaining to the nose and throat. It has been our experience that polypi removed and the roots thoroughly touched with fine liquid carbolic acid will never return. Never use nitric acid, the electric or any other cautery on the living mucous membrane of the nose unless it is the last resort. There is no limit to the nitric acid burn. Very few individuals enjoy hearing their own flesh frying by electricity under their own nose. The best results you have after the burn is a small contraction by the formation of a scar. Scar tissue is weak and unable to repel the onslaughts of new diseases which are constantly floating toward the air passages. Choose ye between an annoying scar and a hypertrophied mucous membrane which can be reduced by cleanliness and a few persistent applications of iodine and glycerine, one to three solution.

Acute rhinitis in children will always disappear when the causative factor is removed. In children, never think of the cautery but protect the tender epithelium or else you will make a whole life miserable. A throat ravaged and atrophied with diphtheria and repeated attacks of tonsillitis, and a Schneiderian membrane scarred with the cautery of an unwise physician can never be restored to anything like its pristine beauty.

The spray does not clean the nasal tract, a glass nasal tube or a nasal douche is the best. It has no bad effects on the eustachian tubes. A prescription similar to the following makes a good medicated cleanser:

℞ Sodii biboratis.
Sodii bicarbonatis
Sodii chloridi, aa. gr.xxx
Sodii salicylatis, gr.x
Glycerini purae, ʒj
Aqua, q.s., ℥viij
Misce. et. fiat. Sol.

Do not use any cleanser too often. In acute laryngitis codeine sulphate internally is the best to allay the irritation unless there is an acute coryza present. Never use suprarenal liquid in acute coryza. In applying cocaine always have near at hand some aromatic spirits of ammonia and be prepared to lower the patient's head and to elevate the feet. If much cocaine is to be used, first fortify the heart with five or ten minims of tincture nucis vomicae. In removing foreign bodies from the nostrils we always create more space by the local use of suprarenal liquid with chloretone.

We will illustrate our comments by citing a few cases, and we feel sure that there are those who will appreciate our efforts.

Case 1.—Female, aged 65, health fairly good, complexion sallow, tongue clean, appetite good, never had a severe sick spell, married, childless, has suffered for years with rhino-

pharyngitis. Complains of pain in pharynx and closing of nares. Inspection shows a roomy throat, pale and atrophied tonsils and membrane lining the larynx, pharynx and vault of pharynx. Membrane of nostrils atrophied with the exception of the inferior turbinates which show decided hypertrophies of the variable type, that is the hypertrophy is present one day and absent the next. These spots which are exceptionally hygroscopic not only absorb from the air but does more so from the system. This patient desires to be cured. What promise can be held out to her? We can remove the offensive turbinated membrane, check the excessive excretions from the posterior nares, which with the downward course of the hyperemic condition checked we can safely promise no ending of life from this trouble. As for restoring the lining mucous membrane to its former velvety appearance—impossible, for the once beautiful epithelium has been prematurely detached to form the phlegm. Nature comes to the rescue and creates connective tissue elements which give the diseased site that sleek or half shiny aspect. We made an application of a ten per cent. solution of argyrol to the hypertrophied spots once a week for a month. Results —permanent reduction of those areas. To keep the disease from making progress we ordered an alkaline wash once or twice a week from a nasal tube or what is better a nasal douche.

Case 2.—Male, aged 30, sanguino-nervous temperament, clerical position, height five feet and a half, weight 135, married, has had measles, tonsillitis, croup, diphtheria, and a severe colitis. Body erect, step elastic, lungs well developed, never had venereal disease of any description. Voice sounds very strong, mouth large, and throat can be opened sufficiently, at times, to show the epiglottis without the aid of a laryngoscope. Tonsils and membrane of pharynx atrophied. Membrane shows at times berry-like elevations, and some telangiectasis of the ascending blood vessels, Schneiderian membrane pale and shows an atrophied tendency, eyes slightly myopic, puffs under the eyes in the morning, patient has gray eyes, dark hair, close student, does not drink or use tobacco. This patient had some growths removed from vault of pharynx at the age of 18 which was eight months after having had diphtheria. *Patient has had ten attacks of acute laryngitis since puberty. On the first day of January, 1904, patient had a feeling of general malaise, soreness of the muscles of arms and legs, a few creeping chills over the body, alae of nose red and tender from the excessive discharge. As patient had been a good water drinker, the bowels were regular, tongue clean; we gave eight drops of the tincture of belladonna every two hours on an empty stomach until the mouth became dry. Water and coffee were discontinued for three weeks. Locally, an application of a ten per cent. solution of cocaine was made, followed in five minutes by an application in both nostrils of a 20 per cent. solution of argyrol. Patient obtained immediate relief. Two doses of belladonna were taken. For the after treatment we gave in each nasal douche of warm water at bed time, one drachm of bicarbonate of soda with one and a half drachms of listerine, and the results were as happy as could be expected.

In conclsuion we will say that the iodine and glycerine should not be applied to an hypertrophied tonsil for any great length of time less too great an atrophy be produced. If patient has the "strumons" diathesis use internally iodide of iron or el. io. bro. cal. co. for three or four months. After some length of time or after acute attacks of coryza we will find new sensative areas

in nasal tract and for this we have found nothing equal to an occasional application of a solution of argyrol from ten to fifty per cent. If the strength suits the membrane one application is suffiicient. This can be applied with a cotton probe. This drug is an active astringent germicide, and with the exception of cocaine no other one drug known will equal it in the treatment of the various forms of rhinitis. It must be used with discretion.

We heartily agree with Dr. Leech that the word catarrh should be dropped from the medical vocabulary. The word expresses nothing definitive and is applied to a multitude of conditions, similar and dissimilar.

Care should certainly be exercised is using the galvanic-cautery in nasal troubles but there is a difference how it is used. In properly selected cases we use, in our own practice, a narrow electrode, sink it through the mucous membrane and make a linear burn through the submucous tissue. This causes a contraction without destroying the mucous membrane. A large or flat electrode which destroys a large amount of the epithelium, should never be used.

In our own experience we have found protargol a much better application than argyrol. Dr. G. P. Head in the Practical Medicine Year Book expresses his opinion as follows:

"M. D. Lederman, recommends applications of 20 to 50 per cent. solution of this salt in acute and chronic pharyngitis and rhinitis.

The editor's small experience with this drug led him to abandon it and return to protargol where any stimulating effect was desirable, as in subacute or chronic pharyngitis and laryngitis. The germicidal powers of argyrol are undoubted and its efficiency in acute infections correspondingly positive, but its lack of irritating effect is the very reason for its efficiency in the chronic inflammations. Nitrate of silver is better than protargol for this very reason, but it is so irritating that the slower protargol is to be preferred."

NOTES.

By J. A. Burnett, M. D., Sullivan, Arkansas.

In most all cases it is well to give an enema every two or three hours.

When the brain is much involved in a disease quinine is contra-indicated.

Large quantities of water will increase perspiration by raising the blood pressure.

In most throat troubles cold wet cloths applied to the throat and changed every thirty minutes will be beneficial.

When called in consultation always rely on your own diagnosis and never prescribe on the diagnosis of another physician.

In treating diseases of women always remember that the normal secretion of the vagina is acid and that of the uterus alkaline.

A cup of hot water drank an hour before each meal and just before going to bed is beneficial in most all diseases, both acute and chronic.

As perspiration regulates the temperature and removes waste matter from the blood any one can readily see the great value of diaphoretics in fevers.

In the practice of medicine in order to be successful you must depend mostly on what you can see and feel and not on what the patient says, so look at and feel of your patient all over.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CATHARTICS.

An article in your February number, by Dr. Wolfe, "On Cathartics," should not be passed by without comment. The argument he uses against cathartics can be equally applied to every known therapeutic remedy. He says that the test as to whether cathartics are injurious is, "That if a person in health daily takes a dose of purgative medicine sufficient to produce a free operation and continue the practice a few days, it will disorder the stomach and bowels, etc." Cannot the same be said of strychnia? If one in good health should take enough strychnia for a few days to cause twitching of the muscles, would it not be injurious? How about morphia, should he take enough to keep him asleep for a few days? The physician is generally called to treat the sick, and not the well, and should apply the remedies that his experience, or that of others, has found the most beneficial in each case. There are few remedies that have been accepted by the profession at large, that do not have their place in medicine, and to single out one remedy that has been so long, and so universally used as cathartics, and say that in no case are they useful, it seems to me is evidence of a very narrow view of the duty of the physician. He gives his case away when he says "That a person by some inaccuracy of diet, etc., takes a dose of salts and the next day he will be almost well." Can he do better than to cure a case in a day? While severe catharsis is not always desirable, yet such remedies as assist in clearing the alimentary tract of refuse and decomposing material, is of all remedies the most used by the progressive physician of the present day. What would Dr. Wolfe do if he were called to a case and found a wound filled with dirt and filth—would he not cleanse it out, lest absorption into the system would take place?

Then when we have twenty-five feet of sewer in the abdomen filled with filth, is there not much more danger of absorption than on the small surface of an external wound. The up-to-date medical man fears septic infection more than any other thing, and it is his imperative duty to remove everything, wherever found, that in any way will produce this condition. It is on this principle that typhoid fever is aborted, and practical experience during the more than twenty-five years of my professional life, has fully demonstrated that typhoid fever may be aborted in all cases where the proper cleansing of the intestinal tract is practiced. Nature is a great physician, and often cases will get well without medication, but is it certain that she will be able to cure as quickly alone, as if aided in her efforts by medicine? Let undigested food pass into the bowels and how soon nature sets up a diarrhea and by this way gets rid of it. Should we not learn a lesson from this and assist in the matter before nature is irritated to such an extent as to have to rebel against the offender? Which would cause the most trouble, to give a cathartic and clear out the offending substance, or wait till nature became so weary of it that she threw it off with a diarrhea?

J. R. Etter, M. D.

Crawfordsville, Ind.

CHLORATE OF POTASH IN THE TREATMENT OF TYPHOID FEVER.

Five years ago I wrote an article on the treatment of typhoid fever with potassium chlorate and potassium acetate, which was published in an eastern medical journal, and in said article I stated that I had not lost a case of typhoid fever treated by me, exclusively, for fifteen years. This article did not seem to impress the medical fraternity greatly, and as writing articles for medical journals was not my forte, I did not push the matter further.

However, in the winter of 1901-2 a brother of the writer living in Kansas was so unfortunate as to lose his wife, a son and two daughters, all being the victims of typhoid, hence I was constrained to make another attempt to induce physicians to give the treatment a trial; and another article, written and published in the Medical Brief, elicited hundreds of letters from physicians who wished to learn something further in regard to the treatment. Some of these letters were from physicians who had used the treatment and whose experience had been similar to my own. When my first article was written, I had had fifteen years experience; I now have had more than twenty years experience and have as yet not lost a case with the exception referred to, and will say here that the case that ended fatally, I saw in connection with another physician, neither of us being called until very late in the disease. Hemorrhage—excessive—occurred on about the fifth or sixth day of our visit, and he died in a short time after from, probably, perforation. I was conversing with a lady from Corning, Arkansas, not long since, who had lost a grown up son with typhoid with hemorrhage attending. She asked me if I thought the "potash" treatment would have done any good in such a case. My answer was that beginning the treatment, subsequent to the setting up of hemorrhage, might not have changed the result, but that the beginning of the "potash" treatment at the proper time, I verily believed would have prevented the conditions that brought about the homorrhage, also prevented the establishment of many, or even all, the grave symptoms that in the aggregate go to make up the differentiation between typhoid fever and other forms of fever. In many of the articles that I have written I have said that patients treated by me with chlorate of potash pass through the allotted days in apparent comfort and I have said that chlorate of potash cures typhoid fever. Now, if all the patients had simply recovered after having passed through the malady with all its attendant, untoward symptoms, it would have been bad for my patient, but it would have saved me much pains and some expense withal, in lauding the virtues of a cheap drug when given in typhoid fever. I am an elderly physician and was just about to say that from the very beginning of my practice I had been successful in the treatment of typhoid fever. I beg leave to amend the above by striking out the word "successful" and supplying its place with the more appropriate word "lucky." I have only treated typhoid fever successfully since I began the potash treatment, although previous to the beginning of that treatment I never lost but two cases. My patients previous to the beginning of the "potash" treatment were very much as yours are now, especially they that die, namely, tongue heavily coated at end of first week and continues so throughout the disease, in grave cases becoming dark brown and fissured. Tympanites, bowels swollen in some cases enormously, subsultus tendinum, picking at imaginary objects, delirium, comatose or semi-comatose from end of first week and because of the condition of the

tongue unable to make his wants known by speech. After lying weeks—perhaps months—in this condition your patients recover. Well, that was the way that mine did and the laity gave me the credit of being good on typhoid fever. Well, I wasn't. The only consolation for me in such cases was that I had not given them anything in the drug line that hindered or prevented their ultimate recovery, or, if I had, I had not given it in sufficient doses. Now, it is different.

Potassium chlorate is used by me in either form, plain salts, five grain tablet or boiling water solution. Maximum dose 10 grains, minimum, 5 grains. Intervals 3 to 4 hours. Usually begin with the maximum dose and close with the minimum. Between the doses of chlorate I use tonic doses of quinine in some of its more pleasant forms. After saturation of the system I may give the quinine at the same time I do the chlorate, to save worry of patient. For fever some coal tar preparation and tepid sponging has always served me. Using the chlorate properly you will not find use for antipyretics as often as with your former treatment.

Please, if you use the chlorate at all use as I direct or let it alone entirely. It is not an eleventh hour remedy. Given late in disease it can do but little good. Given moderately early the chances are more in its favor, but it must be given in the beginning of the fever to insure complete success. I give it in all acute forms of fever, even malarial, and witness its good effects in all; and by adopting this plan, my typhoid cases have been taking the remedy long before I learn the type of fever I am treating.

But I must close. I have had twenty years experience with potassium chlorate in typhoid fever without the loss of a case, save the one above noted, and I can burthen the columns of the journal that publishes this article with letters from M. D.'s from almost every state in the Union, and even foreign countries with experiences similar to my own.

A. J. Shore, M. D.

Sailor Springs, Ill.

PNEUMONIA.

In your February issue Dr. A. D. Bevan is quoted as saying: "Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight against this disease. The sooner the profession will acknowledge this to the public and set to work to discover some specific to save pneumonia patients, the better for all concerned."

Now, if there is no "motion before the house," Mr. Speaker (Mr. Editor), I would be glad to know whether this "lamentation" was handed out to the "daily papers" by a two-thirds vote of the medical profession, or whether the "prophet was speaking of (for) himself". If he was speaking for the profession, a few of Mississippi's country doctors, who "eat greens with a knife", would respectfully ask leave to submit a "minority report". I think I voice the sentiments of 95 per cent. of country physicians, when I say that the mortality of pneumonia should not exceed 3 per cent. I speak of the disease as it prevails in the country. I have often been led to think that there is something wrong with city pneumonia, or with city physicians. It must be that "much learning maketh them mad". It makes the average country doctor yawn, and think of "Indian Summer" to hear pneumonia spoken of as that "dread disease"! I think the physicians of my section would join me in a request that Dr. Bevan give the "daily papers" a few "pointers" on "varicella."

A. C. Gore, M. D.

Hohenlinden, Miss.

MORE FRATERNITY.

I am always glad to see the Recorder and I always look for Dr. C. E. Boynton's articles as he seems to strike my ideas nearly every time, but a late one is more than true.

But while the medical colleges are as he says, they are not the only ones at fault. There are M. D.'s who are a curse to the profession. They do all in their power to ruin their opponents and they even get their friends to help, and if they fail to cure a patient they will send patients to some other town to see an M. D. before they will their own doctors. Some even recommend patent medicines rather than cousult their competitors.

I was talking today to a doctor who is getting ready to put five medicine companies on the road this spring, (there are four doctors into it). I asked him why he was going to do it. His reply was, "Well I have been treated so mean by other M. D.'s that I am going for the money as best I can and when the M. D.'s act like medical men should then I will settle down to practice and not before."

Why can we not act like men now and not wait until we drive men to go against the medical business.

Now those men will take lots of money from us and we hold the sack. When parties get sick they come to us and we attend them and put it on the book and there keep it forever and ever. Brother, let's make up now and be men amongst men 'ere it be too late. Would like to hear from many on this subject. D. V. G., M. D.

Constipation through pressure may cause left ovarian pain simulating ovarian disease and reflexly causing sciatica.—C. E. Boynton, B. S., M. D., Smithfield, Utah.

TOPICS OF THE TIMES.

PRE-EXISTENCE.

Somewhat sardonicly, the editor of the Critic and Guide asks, in commenting upon my views of race suicide, "What do you know about pre-existence, Dr. Boynton?"

We are all entitled to entertain beliefs based even upon hypothesis; so please allow me to state some of my reasons for believing in a pre-existence.

In the light of science, promulgated by Darwin, Huxley, Helmholtz, Haeckel, Spencer, Kropotkin, and many others, I believe in a polar spontaneous life-generation, produced by an "electrical" reaction between cyanogen compounds and warm water and air when the earth was cooling from her primal heat. During hundreds of thousands of years, this life being watched and guided by higher or spiritual agencies, evolved to the vertebrate eutherion anthropoid mammal: possibly the one now found in Java fossils, the pithecanthropus erectus. Calling attention to the Ranke and Broca hypothesis as to cranial poise, biped locomotion, larger function of thoracic limbs and enlarged visual field, I will pass to the ice age when the anthropoid mammal found himself locked between Asiatic ice to the north and the devil of a deep Indian sea to southward stimulated at this time by the emergency of environment, the few fittest survivors began to develop the associative gray matter, between the projective or "brain centre" areas, taking actual grasp upon the guardian spiritual beings that had from the first watched over them. Thus was the pithecanthropus endowed, and the spirit given a lever of flesh with which to act upon the ponderable universe. The new astronomy, in spite of Augustine Comptes' forecast, that after 1848 the world would dream little of the siderial systems, now comes forth with the view

that life is a rare gem among countless stars. The Ptolemy system tended to magnify man and his world, but the Copernican system reflected at first insignificance to both. Now we are awakening to the thought that the galaxy may be but the signs of homage that infinitudes give to man. Wallace writes well upon all this. And how is it that when not one atom comes up from nothing or not one foot pound of energy will ever be lost, that the spirit of man should be deemed to be but a destructible and vagrant phase of things? My reason for writing so lengthily upon all the foregoing, is to show how I can compatibly with science believe in an evolution upon earth, fitting human beings to continue here from a pre-existence on to a post-existence. Biblically. I refer, for proofs of pre-existence to: Jer. I: 5; Job. XXXVIII: 4-7; II Cor. XII: 2-4; Rev. XII: 7-13; Titus I: 2; Ephesians I: 4-5; Jude VI. Also consider that Christ said as to little children: "Of such is the kingdom of heaven." And I have no doubt he referred to children that had never been to earth; in fact such can be proved, but the proof might be too complex to interest the reader. Scripture as well as science and even the instinct of man himself, point to equal probabilities of a future state and a pre-existence. That a mortal, conceived in the flesh, and of the earth-earthy, has a spirit immortal at the finish of life and did not possess it before or at the beginning, is poor philosophy to me; it would leave the circle incomplete. As Christ "came down," so we come to earth; as Christ went to Paradise to "preach to the souls in prison—who were rebellious since the days of Noah," so we go to Paradise; as He was resurrected, so shall we be; it was necessary for Him to round out experience to be born in the flesh, so "having passed through all things, He is able to rule all," so this world is a probationary one. Believing as much of the Bible as is traslated correctly or inspired, I naturally refer my reader to it; of course, if he does not believe it, then I can not prove my theories on purely scientific lines of study and discovery.

I think that life came up from chemic change,
Cyanogens surge through some cooling tide;
Hot earth; hot air and polar lightnings strange
Make the first mesh, where nucleus can hide.

Cell from a cell, continues from that day,
Pulsating 'twixt the jelly and the flow,
Cell works with cell, constructing an highway,
For spirit light to radiate below.

The spirit fingers touch a dendron mesh,
And curve the current into vortex whirls
And eyes look upward from the mist of flesh
Into the eons of surrounding worlds.

The spirit is of other planes than ours,
Here on a mission stormed by strenuous strife.
Thus I believe in Godly guardian powers,
A pre-existence and a future life.

SCIATICA.

The "Felt" treatment is hardly practicable for all cases of sciatica. Lately I treated a very bad case in an old and sensitive lady who was terrified at the effect of even $\frac{1}{100}$ grain of glonoin. The patient had been treated for four months with no success by other physicians. My treatment began with drachm doses of saline laxative four times a day with $\frac{1}{10}$ grain each of aloin and podophyllin with meals. Strych-

nine arsenate $\frac{1}{67}$ grain was given 2 to 4 times per day. There was noticeable improvement for about 10 days under this treatment, then, supposedly owing to the omission of the quinine for the next 10 days, she suffered almost as severely as she did prior to this treatment. Then she was given 10 grains of iodide of potassium 3 times per day, $\frac{1}{100}$ of colchicine 2 to 5 times per day or as often as she could take it without discomfort, while the strychnine arsenate was continued and the quinine given every three days. The patient was relieved of the most severe pain by $\frac{1}{16}$ grain doses of heroin. A bag of hot sand applied to the posterior aspect of the limb was also helpful. Improvement was noticeable after the above treatment had continued for 10 days, and in another 10 days the patient was regarded as cured.

Throughout this treatment of 40 days the patient was acted upon by cathartics every few hours, which, with the iodide and the strychnine arsenate, probably effected the cure.

FEES.

Doctor, whatever sins are against you in the records of this world or the next do not let it be said by all that you are "very reasonable" in your charges. When you visit a patient in town charge and collect your little $2.00. Make it your way to lecture every $1.00 fellow physician as to the sin of his practice. Call him a "cheap John" if he deserves it. If he gets mad about it tell him that because of his low rates he lives poorly, thus disordering biliary functions.

When your patient tells you that other doctors charge but $1.00 per call, tell them that you simply are charging what you are worth. Do not deign to discuss your rates with them. Any wide awake doctor of five years experience can go to one of these $1.00 per call towns and get his $2.00 if he asks it, and get practice with the better class at that. The man who gets a doctor because he is cheap is just the man to watch on pay day. I have found by practical experience it pays to keep prices up. A physician can easily carry an independence of manner that will prevent a majority of people kicking at his bills, even if they are astonished at their magnitude. It never pays to present a bill in a manner that says: "Now I do not want you to think my prices high." Present the bill in a manner that says: "This is my bill. It is unalterable."

C. E. Boynton, B. S., M. D.
Smithfield, Utah.

STATE BOARD EXAMINATION.

The State Board of Health of Missouri in December examined 47 applicants to practice medicine. Of this number 12 failed to make the requisite average. Only 25 per cent. rejected! Missouri must bestir herself, to come up to Pennsylvania, where a little more than 50 per cent. failed at the last examination. The matter is becoming too serious for a joke. Only recent graduates can hope to pass these examinations. The older doctor, who has to go to another state, might just as well join the irregulars at once. Then he will not be molested. H. Speier, M. D.
Rochester, Minn.

A GOOD CATHARTIC.

The following is a good cathartic and is very useful in biliousness and torpid condition of the liver:

℞ Podophyllin, gr.j
Leptandrin
Pulv. capsicum, aa., gr.ij
Dioscorein, gr.iij

M. Sig. Dose, one or two grains every three or six hours until the bowels act. J. A. Burnett, M. D.
Sullivan, Ark.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are published in this Department.

PNEUMONIA AS "A CURABLE DISEASE".

By Geo. H. Candler, M. D., Chicago, Illinois.

While contributors in current medical publications are airing their opinions as to the curability or non-curability of pneumonia by medical means, and while others again are asserting that this disease is of a "surgical" nature, one set of men goes steadily along curing pneumonia and without any great trouble or flourish of trumpets, at that.

Those who have followed the progress of alkalometry during the past three or four years will remember that even at the beginning of that period there were many who reported their success in "jugulating" pneumonia and typhoid. These statements were received with varying feelings; some were impressed and themselves tried the methods described, others contented themselves with denying the possibility of such a proceeding—because their preceptors had not been in the habit of doing so—and others again winked the eye of cynicism, and, "passing by on the other side," said something about "bees in people's bonnets". But all the time the number of general practicians who treated pneumonia and cured it grew larger.

Today there are thousands of men who think this erstwhile "terror" to be comparatively a simple matter.

What do we find in the first stages of pneumonia? More or less general debility. In nine cases out of ten this means retention of waste and systemic infection. The bronchi are more or less affected, the system generally "below par", and as a result the diplococcus pneumonia finds in this person a suitable media for propagation. It is safe to say that a thoroughly healthy person whose excretory and circulatory functions are in normal condition never contracts pneumonia. The germs are present in his mouth, throat and bronchi constantly but until resistance is lessened he remains safe. The minute he gets out of order the invasion is apt to begin. Then we have, first, the rigor, which is usually intense enough to tell that something serious is the matter, then up goes the temperature as the system makes its effort to destroy the invading bacteria and finally the first, second and third local manifestations of the disease. The first step that is necessary, as a rule, is, to clean out the intestinal tract, then to render it, as speedily as possible, as aseptic as may be. Whether we can or cannot obtain absolute intestinal asepsis matters little; that we can obtain a cleanly enough state to prevent disease germs from propagating and, with their toxins further infecting the system, is certain. To stimulate hepatic action and obtain free yet mild catharsis calomel $\frac{1}{6}$ grain and podophyllin $\frac{1}{6}$ grain is exhibited half hourly for four to six doses—the latter usually—and the last dose is followed in two hours with a full dose of some saline. The effervescent salt of magnesia sulphate (saline laxative) gives probably the most even and sure results. The doctor also dispenses at his first visit, aconitine, digitalin and veratrine, ordering $\frac{1}{134}$ grain of aconitine and veratrine and $\frac{1}{67}$ grain of digitalin every fifteen minutes, half hour or hour, as the severity of the fever present may demand. At the same time calcidin (calcium iodized) is exhibited $\frac{1}{2}$ grain every two hours, or even every hour for the first day. Every three hours 10 grains of the sulphocarbolates is

given to maintain intestinal asepsis and twice daily nuclein is injected (10 to 20 gtt.) to stimulate phagocytosis and reinforce vitality. If pain is marked bryonin and asclepedin are added to the aconitine and veratrine "till relief", but by this method of treatment, pain is almost entirely absent after the first day. The chest and back of the patient is covered with a thick layer of hot glycerinized paste —of these with marked osmotic action there are now several on the market— and, over all, the regular cotton "pneumonia jacket" is placed. This is renewed every twelve hours. The thickness and heat of the paste has much to do with results. Applied thinly and warm merely it does little if any good. Even though but one lung is affected it is best to cover the entire thorax. The room should be kept at 70 F. and medicated steam constantly supplied. This can be secured by placing an old tin cup on a small stove or lamp and, after half filling it with water, dropping in ten drops of oil eucalyptus. Or one of the many creosote preparations may be utilized. If the patients are able to afford anything they want one of the regular vaporizers which can be obtained at any drug store are most excellent.

The entire body of the patient should be sponged off every day (but piece by piece only) and the sometimes annoying pruritus will be immediately relieved by this procedure if a mild alkaline antiseptic solution is used. The mouth should be washed carefully and only liquid and concentrated nutrients allowed at any time prior to defervesence.

The bowel should be washed out each day with a cool or warm enema, according to temperature, if high and cold flushing will give relief; if, on the other hand, there is normal temperature or sub-normal, give the enema as hot as is comfortable.

The rationale of the treatment is easily grasped. Prompt cleansing of the entire body—inside and out. Intestinal asepsis by the use of the intestinal antiseptic (W.-A.), systemic asepsis and reinforcement of the natural disease resisting power of the blood by exhibition of calcidin and nuclein. As iodine is excreted largely through respiratory track it renders the successful propagation of malific germs impossible. The clinical action of nuclein is well understood, though the exact modus operandi of the remedy is not yet explained. It adds largely to the phagocytic activity, hinders retrograde metamorphosis and practically renews the vitality lost in the battles. By adding digitalin to the aconitine and veratrine we supplement to the heart's tone, and while controlling hyper-pyrexia cause full blood supply to the affected area. In many cases strychnine arsenate $\frac{1}{30}$ grain may be given every three hours from the first; in fact, in all asthenic cases this will be good practice. In cases which are seen late or which refuse to yield early cactin 2 granules q. i. d. will, with strychnine, support the heart perfectly without overstraining that organ. In cases which are at all prolonged the calomel and podophyllin should be given every third night and in all cases the saline once daily.

Dr. Candler speaks with the positiveness of a man who has had experience and knows. His article is in marked contrast to the recent statement of Dr. Bevans and certainly much more cheering to patient and physician. Pneumonia is not a hopeless condition and the brightest and best minds in the profession today know that it can be treated with a very large per cent. of recoveries. The modern treatment of pneumonia is elimination, support and antiseptis. The dosimetrists have contributed much of value to its treatment.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PNEUMONIA.

Last month the Rundschau expressed dissent from Dr. A. D. Bevan's therapeutic nihilism in regard to pneumonia. As a contrast we may refer today to a discussion of pneumonia in children by the pediatric section of the New York Academy of Medicine and a subsequent paper in the Medical Record on the same topic by Dr. S. H. Dessau. It was agreed that pneumonia is to be regarded as an infectious disease produced by a specific organism and manifested pathologically by lesions located principally in the lungs. Dr. Dessau in his short article draws the conclusion that for a disease of infectious origin rational treatment should be of antiseptic character. The idea is not new with him now, he has advocated it in contributions to medical journals as early as 1896. He uses carbolic acid, giving it in pretty large doses, one drachm of a 2 per cent. solution every two hours to a child three years of age. He claims good results and finds the remedy harmless. In the pneumonia of adults he sees no reason why the same principle of treatment should not be followed, and has indeed treated a few cases successfully with carbolic acid, 12 grains (!) every two hours. The use of carbonate of creosote in pneumonia, which is gaining favor, is entirely in line with the thought. A resume of the results of the treatment is given in the Medical Record of October 18, 1902, by Dr. Van Zandt, of Ft. Worth, Texas, who is its chief advocate. Favorable reports keep coming in from many sources.

As an adjuvant to the internal medication Dr. Dessau and most of the gentlemen who took part in the discussion, use hydrotherapeutic measures, compresses wet in warm or cool water. These are frequently objected to by the people, who clamor for poultices. As a compromise the writer has fallen into the habit of applying to the chest a thick dressing of antiphlogistine, or pasta alumin. silic. comp., as he often prescribes it. If it does no good, it certainly can do no harm, but satisfies the parents and is allowed to take the place of a poultice. The topic of pneumonia is a timely one just now.

MINNESOTA EDITORS ON MEDICAL ETHICS.

Readers of the Recorder will be amused by the following expression of opinion and resolutions adopted by the Goodhue county, (Red Wing, Minn.,) editors: It has been the habit of all newspapers to mention that Dr. Squills was treating such and such a case or that Dr. Sawbones performed a given operation. It was intended as a favor to the doctors, just as a newspaper gives favorable mention to hundreds of others in business and the professions and in artistic or social prominence, without thought of compensation, and the doctors have been so forbearing under the infliction that the newspapers actually supposed they liked it.

It was a shock, therefore, to the publishers to be told that all this was a grave offense and that any physician who willingly submitted to it was in a class with the charlatans. And when they found that one doctor had not only submitted willingly, but had in some cases paid for value thus received, the medical association denounced him and refused him fellowship.

As the members of this association have unwittingly offended the sense of propriety of the Goodhue County Medical Association by thrusting publicity upon them, contrary to the ethics of the medical profession.

Resolved, that it is the sense of this meeting that in deference to the wishes of the medical association the members of this association should avoid mentioning the name of any member of the Goodhue County Medical Association in connection with any case, where it can be avoided.

What led up to this was a quarrel among the doctors. A certain firm of doctors, competent men, was pushing ahead too fast, getting too much newspaper notoriety. Perhaps they paid for the notices. They brought down upon their heads the wrath and vengeance of the local medical society. In spite of it, may be because of it, they flourish more than ever. For the general public, the press, the bar, the pulpit, cannot understand, why that should be dishonorable in a physician which in every other calling is perfectly legitimate, in accord with common business sense. Most of the newspapers of this and adjoining states reprinted the resolutions and commented on them as a very apt expression of popular views.

Indiscriminate and vulgar advertising is, of course, not to be thought of for the honorable physician. What galls is, when the little fellow is taken to task and punished for acts which are daily being done by the big men in the profession, without impunity. If a man of international reputation offers his assistance to one of the belligerent powers which we all know, and he better than others, because he has traveled there, has a thoroughly equipped surgical service, it can hardly be considered anything but a bid for notoriety. Another prominent surgeon informs the anxious public by a signed bulletin that in a few days he is going to operate for appendicitis on the president of the great university which a Canadian paper wittily calls "Harper's Bazar." Let one of our readers, some obscure country doctor, make an announcement of this kind in his local paper and see what will happen. Lucky if he is not at once cut off from professional fellowship and cast into outer darkness, where there is wailing and gnashing of teeth.

Some day the American Medical Association will confront the necessity of modifying its "Principles of Medical Ethics" to conform to modern business ideas.

PURE FOOD.

Only a few years ago the country was scandalized by disclosures concerning "embalmed beef." But a revelation recently made to the health committee of the city council of Chicago far surpassess these stories. An alderman, who for many years has been employed by one of the large packing houses in the stockyards, told that poultry and eggs kept in storage for ten years were being sold in the retail markets at present. The funny part is that, when serving these delicacies, restaurants actually have to ask a higher price for them, owing to the accumulation of storage charges. Our Chicago friends, when they heard of this, must have felt spasms of delight thrill their gastric plexus. The investigation showed one thing, namely, that the boasted official meat inspection in the stockyards is in some respects a sham.

LOOK SUCCESSFUL.

Drug News aptly remarks: There is an old saying: "To be successful you must look successful." If you will carry yourself with a self-confident air, it inspires others with a belief in your ability and in your success. You get to believe in it yourself. You begin to walk as if you were master of yourself.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. MARCH, 1904. No. 3.

GOOD ROADS.

Good roads are a benefit to everyone, but especially to the physician who must travel them in the worst weather and the darkest night. The roads of the United States are notoriously bad. This is because road improvements are paid for by the individuals of the community through which the roads pass, and they cannot afford to pay for any large amount of good roads. In most European countries the state bears part or all the burden of road making. France has 23,603 miles of wagon roads built and maintained by the national government and Italy has 5,000 miles. A few of the states in this country have made appropriations for road building, notably—Connecticut, Massachusetts, New York, New Jersey and Pennsylvania. What this country needs is aid from the national government in road building. In 1903 congress appropriated $32,540,199 for river and harbor improvement which is of little benefit to interior states. Such an amount spent in making good roads would be of lasting value to a majority of the citizens of the country.

It is with pleasure that we note that a bill has been introduced in congress at Washington, by the Hon. Walter P. Brownlow, a member of congress from Tennessee, and in the senate by Hon. J. H. Gallinger, senator from New Hampshire, apporpriating $24,000,000 as national aid for the building of roads.

This bill provides:

First.—For the creation of a department at Washington, with proper superintendents and employees, to take care of the building of these roads.

Second.—The $24,000,000 to be appropriated is available at the rate of $8,000,000 a year for three years, is to be divided among the different states according to their population, except that no state is to receive less than $250,000 of this money.

Third.—Each state, county or town receiving federal aid must add a like amount to the sum received from the United States government.

Fourth.—Should any state not take the amount allotted to it under this law before January 1, 1907, all such amounts not taken up are to be re-allotted in proportion to the population of the different states which have taken up their entire allotment.

A like amount must be added by the states or counties receiving aid, so that $48,000,000 are to be spent on roads.

According to the provisions of this bill Wisconsin would receive $600,000 from the national government. This, with a like amount added by the state, would make a marked improvement in Wisconsin highways.

If you want to drive over better roads just drop a line now to your representative and senator, telling them that you consider the Brownlow bill a good thing and that you would like to see them vote for it.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Bureau of Standards.—By an act of congress approved March 3, 1901, the office of standard weights and measures of the treasury department was, on July 1, 1901, superceded by the bureau of standards. The bureau was transferred to the department of commerce and labor July 1, 1903, by the act establishing that department. This bureau, among other things, is authorized to test clinical thermometers used in medicine, surgery, pharmacology and related scientific work. This is done at a very low fee and assures absolute accuracy. A thermometer so certified we can be positive is accurate.

The interest manufacturers have shown in the work has been of great assistance in this important work of introducing a uniform scale of temperature. The standard scale now in world-wide use is the so-called "international hydrogen scale".

As Others See Us.—It is sometimes a good thing to know how others see us. Some of the things said about us are sometimes uncomplimentary, and perhaps mean and cutting, but there may be some truth in them and if so we know it and can improve. There is a little magazine devoted to physical culture called Force, which has an editorial about doctors worth a little notice. Doctors as a class are clean, good fellows, but we can avoid being one of the few the Force editor has in mind. The following is the editorial in Force:

The scientific knowledge and the mission of the doctor of medicine should combine to make him the best exemplar in society of physical, intellectual and moral cleanliness. Yet I see docto every day who need a bath, whose ve clothes should be burned, and, if the were to go with the clothes, the worl would not be moved deeply, nor sorro long. Often the breath is foul an evidences are not lacking of the grosse violations of all the laws of sane an healthful living.

Gastroptosis.—At a meeting of th Clinical Society of the New York Pol clinic Medical School and Hospita held February 1, 1904, Dr. W. V. V Hayes showed a patient with gastr ptosis. The patient, a woman 38 yea of age, first came under his observatio three years ago, suffering from gastr ptosis. She gave a history of seve gastric pain, which ran through to th back, coming on after eating and lastin for two or three hours. She vomite frequently, and was unable to obtai relief until the stomach was empt Eructations of gas, anorexia and co stipation were marked symptoms. Th stomach, on examination, proved to b sensitive to the touch, and was displace downward about the width of thre fingers, as shown by the position of th lesser curvature. The functional sign revealed an adenasthenia gastrica, the being no free HCl and a total acidity o only 20. Tincture of nux vomica an fluid extract of condurango were ad ministered. (Incidentally, in the cours of treatment, she was relieved of a tap worm.) The Vanvalzah-Nisbet ban dage was applied to the abdomen. Thi bandage reverses the action of the or dinary corset and pushes the stomac

upward and backward. Occasionally the use of a supporting bandage produces a decided change in the position of the stomach, but ordinarily this can hardly be expected. There was a distinct improvement in the condition of the patient. She had gained several pounds in weight, which doubtless helped to keep the stomach in better position. Her general condition was much improved, and there had been practically no symptoms for three months. The supporting belt was no longer required. She was given solution of bicarbonate of soda and tartaric acid, about a minute apart, to demonstrate the improvement in the position of the organ, which was found to be two fingers' breadth higher than when originally observed.

Atrophic Gastritis.—At the last meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, Dr. Hayes presented a case of atrophic gastritis. This patient, a man fifty years of age, was first seen in 1897, and then gave a history of having suffered for about a year from vertigo, nausea, regurgitation of food and expulsion of gas three hours after eating; his appetite was poor, and there was a tendency to diarrhea and extreme nervousness. He had been moderately addicted to the use of alcoholic drinks, and had taken large amounts of strong medicines. He was treated for syphilis in 1890-1891. Analyses of the stomach contents during the past six years gave practically the same results. The total acidity ranged from 6 to 10. No free hydrochloric acid was found. Ferments were absent, but mucus was always present. The condition was one of atrophy of the mucous membrane. The speaker said that there had been very little change in the condition of the patient and there would probably be very little, so long as the motor function of the stomach was retained and the intestinal compensation maintained, but if these should fail, very little could be done to help him. During the six years the stomach had practically done nothing except to pass the food onward. This patient demonstrated how a person with atrophic gastritis may live for a long time in comparatively good health.

Dr. Morris Manges opened the discussion of the patient presented by Dr. Hayes. He called attention to the statement which had been made in the presence of the patient that large quantities of the iodides which the man had taken were probably responsible for the atrophic gastritis. The speaker said that in his opinion atrophic gastritis was one of the most complex and least understood of all diseases of the stomach. There is no positive evidence as to whether it comes from the mucosa or the submucosa further down. It is known that cases of pernicious anemia exist and are associated with atrophic gastritis. The exact pathological classification is unknown. As regards the influence of strong medicines in the causation of gastritis, it may occur as well in the late stages of alcoholism, but that is an entirely different picture. Atrophic gastritis is largely due to changes in the portal circulation, secondary to changes in the liver itself, and there is a clear distinction in the etiological elements of the cases, and subsequent changes have nothing whatever to do with the disease. Many syphilitics have had larger doses of iodides than the patient under discussion, and no atrophy resulted, but the patients derived the greatest benefit from this medication. The speaker said he prescribed for all cases of atrophic gastritis 5 to 7 minims of hydrochloric acid at each meal, for the remainder of their lives, and thought that this treatment and the motility of the stomach were the chief factors in the disease.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE STORY OF NEW ZEALAND. A History of New Zealand from the Earliest Times to the Present, with Special References to the Political, Industrial and Social Development of the Island Commonwealth.—By Professor Frank Parsons, the Well Known Writer and Authority on Law, Economics and Sociology; Edited and Published by C. F. Taylor, M. D., Editor and Publisher of the Medical World, and of "Equity Series," 1520 Chestnut Street, Philadelphia, Pa. Cloth. Over 170 Illustrations, Many of Which Are Full Page. Pages 860. Price, $3 Net.

This is one of the most interesting and instructive books which we have seen for some time. It is a very complete treatise on New Zealand, the land of government railroads, government coal mines, compulsory arbitration, old age pensions, the eight-hour day, and many, many other good things.

The direct historic review occupies 500 pages, grouped in 72 chapters. After this the principles involved in New Zealand's progress are gathered into one section, and the birth days of progress tabulated. Then the principal services rendered by the People's Trust, Civic Fraternity, or Co-operative Industro-political Combine called "The Government," are summarized, the conservative view of the liberal movement is developed and prevalent misstatements and misapprehensions are cleared up. Then follow chapters devoted to various other interesting matters. One chapter gives brief biographies of leading statesmen with a portrait of each.

The volume is unique in the literature of the world. It is history, biography, psychology and sociology welded into one, lighted with art and humor, charming as the unfolding of a powerful drama, forceful as clear and vigorous English can make it.

As the author says: "From savage cannibalism to the highest civilization in a life time, from one of the poorest countries in the world to the richest (per capita) in half a century, from radical war to radical harmony in a generation, from industrial war to industrial peace in a decade, from charity to justice, competition to cooperation, monopoly to diffusion, despotism to democracy; government by landlords and the money power in their own interest to government by farmers and workingmen in the interest of all as the outcome of a great election, is certainly a record of change in conditions and policy, which for quantity, quality and speed of progress is without a parallel."

In conclusion the author says: "The common people united at the ballot box to obtain control of the government, and by means of that they have made more progress toward industrial harmony and justice than any other nation on the globe. The island commonwealth has shown the way to the solution of the great equalization of opportunity. A new civilization has come. A new age has dawned. New Zealand is the birth place of the 20th century."

The book should be read by every citizen of the United States, as a general knowledge of it would result in desirable changes in this country. New Zealand has settled the many questions which threaten so much trouble in this country. Every private and public library in the land should have the work. The book is beautifully printed and bound and contains excellent illustrations.

INFANT-FEEDING IN ITS RELATION TO HEALTH AND DISEASE. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses.—By Louis Fischer, M. D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third Edition, Thoroughly Revised and Largely Rewritten. Containing 54 Illustrations, with 24 Charts and Tables, Mostly Original. Pages 357, 5 3-4 by 8 3-4 inches. Neatly Bound in Extra Cloth. Price, $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

For years Dr. Fischer has held one of the largest children's clinics in this country at the New York German Poliklinik, and he has had such an extensive experience in pediatrics that what he says can be considered authoritative. This book embodies the results of this great experience. The first part of the book is devoted to the anatomy and physiology of the infantile stomach. The author then describes the different methods of infant feeding with complete instructions on preparation. He then gives the proper ways for feeding in the various infantile diseases. The dietary for older children in the back of the book is especially valuable, giving recipes for preparing a great variety of foods.

This edition of the book has been completely revised and almost entirely rewritten. A new chapter is added entitled, "Milk Idiosyncrasies in Children," which shows how to feed children who can not tolerate milk. Another new chapter is "Buttermilk Feeding," treating of a method of feeding in vogue in foundling asylums. Two other new chapters are "Scurvy" and "Feeding Children Afflicted with Cleft Palate". The illustrations, many of them full page, add very much to the value of the book. The publication of three editions of the book within a few years, shows that the profession appreciates the many merits of the work. The volume is a safe and practical guide in modern methods of breast and bottle feeding.

GENERAL MEDICINE.—Vol. I., The Practical Medicine Series of Year Books. Edited by Frank Billings, M. S., M. D., and J. H. Salisbury, M. D. General Editor of the Series, G. P. Head, M. D. Pages 345. Illustrated. Cloth $1.50. Series of Ten Volumes $5.50. The Year Book Publishers, 40 Dearborn St., Chicago.

This interesting volume presents abstracts of leading articles for a year on diseases of the respiratory organs, disorders of the circulatory organs, diseases of the blood and blood making organs, general infectious diseases, metabolic diseases, diseases of the ductless glands, and diseases of the kidneys. The book is a valuable record of progress and will be frequently referred to.

BACTERIA, YEASTS AND MOLDS IN THE HOME.—By H. W. Conn, Ph. D., Professor of Biology, Wesleyan University. 12 mo. Volume. Pages 292. Illustrations 82. Price, postpaid, $1.10. Ginn & Co., Boston, Mass.

This book deals with the subjects of molds, yeasts, bread raising, alcoholic fermentations, with ample illustrations

and graphic presentation in clear and simple language. Pages 100 to 155 deal with bacteria, particular attention being paid to food preservation and disease. The author shows himself a trained teacher, as his book may be profitably read by a grammar school pupil, high school or university student and professional man. One is astonished at its scope. A physician will find it instructive and entertaining. We know of no book a physician can so conscientiously commend to the laity who are asking questions concerning causes of disease, etc. This work handles the subject of prophylaxis of disease in a practical manner. An appendix of twenty pages introduces laboratory work, the microscopical staining and culture of bacteria, etc.

BOOK NOTES.

Every mail brings the Recorder subscriptions. A practical illustrated magazine of medicine and surgery is appreciated.

One of our popular club offers is, Success, Cosmopolitan, Daily Medical and Wisconsin Medical Recorder, each one year and 1000 premium labels, all for $2.70.

The articles by Dr. C. C. Miller on Practical Surgery will be continued throngout the year. The original drawings illustrating the articles are specially made for the Recorder.

If you have not yet bound your 1903 Recorders, better send them in and have them bound as the bound volume is very convenient for reference. For 65 cents we bind the year's numbers in leather and cloth and return the book prepaid.

Every subscriber to the Recorder whose subscription is paid in advance receives 1000 premium labels. In ordering always be very careful to write name and address very distinctly and to state exactly what you wish printed on the labels.

The International Medical Annual for 1904 has just been issued by E. B. Treat & Co., New York. It contains an exhaustive review of the year's progress in a convenient dictionary arrangement. We expect to give a review of the volume in the April Recorder.

Two important books just published by P. Blakiston's Son & Co. are: "Biographic Clinics," Vol. II, by Geo. M. Gould, M. D., and "Lectures on Diseases of the Nervous System", second series, by Sir Wm. R. Gowers, M. D. Both of these books will be reviewed in our next number.

Suggestion is a popular magazine of of psychology, edited by Herbert A. Parkyn, M. D., who is a talented writer and an expert in suggestion. There is no magazine like it as it has a character peculiarly its own. Any reader of the Recorder can obtain a copy by addressing the publisher, 4074 Drexel Boulevard, Chicago.

The Daily Medical, the new daily newspaper, devoted to medical matters, is meeting with much success. It is published every day in New York City and contains medical news, medical articles and editorials on current matters and is sent for the low price of $1.00 per year. For $1.50 we send the Daily Medical one year, the Recorder one year, and 1000 premium labels. Present subscribers to the Recorder who pay for a year in advance may improve this remarkable club offer. Please remit by money order, draft or registered letter and not by personal check.

In the February number of Everybody's Magazine there is a character

study of the Czar by Arnold White, the well-known English publicist, who is one of the few men outside the Empire familiar with the conditions actually prevailing in Russian court circles. In the same number an article on "J. Pierpont Morgan's Word as an Asset," by E. J. Edwards (Holland), explains the genius and development of the great power wielded by the eminent financier, and frankly discusses the degree to which recent events have impaired his prestage. A third timely article is O. K. Davis' article about Taft and the Filipinos. Mr. Davis represented "The Sun" in both Philippine campaigns, and knows just what great things the new Secretary of War was able to effect with the little brown men who are the latest Americans. These three articles are as entertaining as they are valuable, and, reinforced by nine first-class stories and a number of interesting contributions on other subjects, make up an extraordinary budget of reading matter for ten cents.

Startling in its illumination is a powerful article in the March McClure's magazine on "The Case of the State of Kentucky versus Caleb Powers," by Samuel Hopkins Adams, who tersely and dramatically reads the lines of this dark page in Kentucky history. For the first time on a printed page Mr. Adams presents the facts concerning the bitter political feud which cost the life of William Goebel. Of especial significance and timely interest is the first of a series of papers on "The Negro: The Southerner's Problem," by Thomas Nelson Page, in which he discusses "Slavery and the Old Relation Between the Southern Whites and Blacks." Miss Tarbell adds to her Standard Oil history in this number an account of some of "The Troubles of a Trust." There is more of public interest in the impressions presented by President H. S. Pritchett, of the Massachusetts Institute of Technology from his trip over the famous German experimental electric road while speeding "A Hundred Miles an Hour." The number is a most excellent one throughout, harmoniously blending pleasant entertainment with solid interest. There is a mine of high class fiction in this issue.

The strongest magazine novel of the month is that published in Lippincott's called "A Provident Woman." This is written by Neith Boyce, author of "The Forerunner," and it opens in a New York business office at a critcal time for Cecilia Clayber. Her beauty and undeviating calmness in all circumstances so compel the admiration of her employer, Frederick Hawley, widower and millionaire merchant, that he asks her to become his wife. His doctor has imparted to him the information that he may drop dead at any time, which news naturally shatters his nerves and makes him feel that Cecilia is a veritable rock on which to lean. She accepts her new role characteristically and they spend the honeymoon in Europe. There had been a budding love-affair between Cecilia and one of her mother's boarders, and when she returns to New York the erstwhile lover reappears under other conditions which add zest to the tale. This number contains eight short stories. Some happy memories of the late James McNeill Whistler are presented by Annulet Andrews in story-form under the title of "Cousin Buttterfly." A fac-simile note from Whistler adds much interest. The verse of the month is both seasonable and beautiful. The "Walnuts and Wine" department blooms anew this month with freshest jokes. Lippincott's is $2.50 per year, but we have a special club offer of Lippincott's one year, the Recorder one year and 1000 premium labels all for $2.70.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

THE TREATMENT OF THREE COMMON DISEASES OF THE SKIN.

By Lafayette Bennett, M. D., Central City, Ky.

Skin diseases are a source of great annoyance to the average physician, because his mind is employed to the greatest extent with other diseases and he often does not give this part of his work the attention it deserves. It has fallen to my lot to treat many diseases of the skin, and I have found that eczema, acne, and urticaria are seen oftener than others, and I will give my observation on these, in this paper.

Eczema is seen with great frequency, and it is one of the most distressing of all the diseases that afflict man. It causes itching of the most intense degree, and patients almost tear their flesh to pieces in allaying it.

To relieve, and cure eczema, is to gain a reputation and every physician who cares to succeed should not fail to give these patients the most speedy relief possible. The treatment consists of such internal remedies as will correct any associated morbid state, and the local application of remedies which will allay the itching and bring to resolution the inherent dermatitis.

Often malarial poisoning is present in the patients who have eczema. Again they will be found to suffer with anaemia. Other diseases, and disease conditions, will, in a great many cases be found and our results will not be good, unless they are discovered and corrected. Let us therefore study every case clearly, and make a sincere effort to correct all associated disease conditions which are found with eczema.

The local treatment is of the utmost importance since to it we most look for relief of the itching and the cure of the disease. Noitol has been employed for a long time in the treatment of eczema with good results. It allays the itching at once, and the disease begins to lessen in severity and gradually disappears. Noitol ought to be applied by means of a thin layer of absorbent cotton. This should be thoroughly saturated with noitol, and laid over the affected parts. It should be applied fresh every four or six hours as the case in hand may demand.

Eczema treated in this manner has been found to yield speedily, some of the worst cases being relieved by the first application of noitol.

Acne assumes several types, as acne vulgaris, atrophica, papulosa, hypertrophica. These are all too familiar to require description. In treating acne it must also be borne in mind that any disease or morbid state must receive treatment. This is highly essential to success. The diet must also be carefully regulated, and the patient must eat very little meat. A diet which is bland and unstimulating is in fact one which should be urged as very necessary in these cases. It will be found that these patients will revolt at the application of ointments, and other applications which soil the bed and clothing. Noitol should be applied at night over the acne seat, by means of absorbent cotton saturated with the remedy. Noitol overcomes dermatitis, and exerts a resolvent action on the disease and the best results follow its application. At night it should be employed by means of absorbent cotton, but during the day, as a rule, these patients have to go about,

and of course the face cannot be covered. In these cases it is well to have the patient apply the noitol directly to the face by means of a soft rag or sponge several times daily. This treatment should be employed in all of these cases. The treatment not only brings good results but does not soil the patient and make him a revolting spectacle, as is the case when ointments are applied.

In fact the average young man or woman, and these comprise our acne patients, will tell you not to give them any of those "horrid ointments."

Urticaria is a disease which we see often, and no condition is associated with more distress. It afflicts all persons regardless of age or sex. Young infants often go into convulsions, so terrible is the itching it produces.

The disease is so terrible that no time must be lost in giving our patient relief. We should give these patients a saline cathartic and if the stomach is loaded we should resort at once to an emetic. The affected area of the body should be sponged freely with noitol. This at once relieves the itching, and the weals will disappear. Speedy relief is what is demanded and when noitol is applied freely we can secure this result. It is unwise in a case of this kind, to temporize with alkaline lotions. These being unreliable, we often allow our patient unnecessary trouble by not using noitol at the very start.

NECESSITY CREATES THE DEMAND.

The rapid pace at which the American people are living draws heavily upon the physical bank account. To withstand the demands of nature large quantities of food are consumed and in many instances proper time for digestion is not given. To retain health, elimination of waste products is as important as nutrition and the presence of rheumatism, gout, asthma, sore throat, lithemia, neurasthenia, etc., many times indicates that the organs of elimination are not properly functionating, and that waste products, especially uric acid, are being stored up in the system. In these conditions an eliminant and uric acid solvent is indicated and as a remedy which has stood the test of time and rendered most excellent services in these cases, Hayden's uric solvent is highly recommended. This preparation is a product of the laboratories of the New York Pharmaceutical Co., Bedford Springs, Mass., who need no introduction to our readers but we mention it as it means "Standard of Merit". Write them for a copy of booklet "Human Laboratory".

DEPRESSANT DRUGS AND SUDDEN DEATHS.

It is very interesting to examine the statistics of sudden death from heart disease in New York City during the last three years. In 1900 there were registered 4,069 deaths from heart disease in the greater city of New York in a population of approximately 3,445,000, while in 1901 there were 4,626 such deaths, the population having presumably increased about 100,000. Thus there was an increased ratio of sudden deaths to population. In 1902 the number of sudden deaths reported from heart disease had increased still further to 5,461. Calculating the percentages of sudden deaths from heart disease to population, allowing for the before-mentioned increase of population, the deaths of this kind to each thousand were, in 1900, 1.18; in 1901, 1.31; in 1902, 1.34.

For the year 1903 there was a decrease in the number of deaths from

this cause, so that the ratio was only 1.28 per thousand. There has been some discussion among sanitarians and public-health officials as to the reason for this decrease. A portion of the decrease has been ascribed definitely—and with considerable plausibility—to a certain cause. At the beginning of last year the board of health, suspecting that many prescriptions for phenacetin were being filled by druggists with acetanilid, or with a mixture of phenacetin and acetanilid, sent inspectors to obtain definite information on this matter. Altogether 373 samples of phenacetin were bought from the same number of drug stores in various parts of the city, phenacetin being specially asked for and in some instances even obtained, on a physician's prescription. Of these 373 samples, 58 were pure phenacetin; 315 were adulterated with cheaper drugs, mainly acetanilid, and in 267 cases containing more acetanilid than phenacetin; 32 samples were pure acetanilid. The commissioner made these facts public, and threatened to expose and prosecute all druggists who would hereafter be found committing this misdemeanor.

It is very interesting at least to find that a single year after the investigation and supposed consequent reform on the part of the dispensing pharmacists, there should be a slight reduction in the actual sudden death rate from heart disease, and that at a time when for many years there has been a constant increase in the death rate from this cause. It is well known that acetanilid is a distinctly depressant drug for the heart. Professor Jacobi, of New York, always insists that it is an actual tissue poison, to be used only with great care, and many therapeutists teaching that it is the underlying cause for the increase in reported sudden deaths that has occurred in recent years.

This question of the evil of depressant drugs is all the more interesting because of the freedom with which so-called headache powders, mainly composed of acetanilid and other heart depressants, are now so commonly bought and sold. Many women, and even men, think nothing of stepping into a drug store and asking for something for a headache. The headache powders that are dispensed to them so freely always contain acetanilid, and great harm is being done in this way. It is probable that a similar investigation in other cities of the country might also furnish instructive facts. Certain it is that proper legal regulation of the sale of such depressant drugs, so that they could not be dispensed except under the direction of a competent physician, would in the long run have a beneficial effect on the sudden death rate from heart disease. This cause of sudden death is becoming more frequent in this country, and is a serious menace for those suffering from even slight forms of heart disease if they are so foolish as to take these remedies.—Journal A. M. A.

A FIR BALSAM COMPOUND.

It is possible that many of our readers have not heard of fitchmul. This, however, is not owing to any lack of merit on the part of the remedy, which in bronchial affections has proven itself facile princeps, but rather to the reticence of its proprietors, who up to the present have not deemed it worth while to push a sterling remedy in competition with worthless articles which were being largely advertised.

For a number of years fitchmul has enjoyed a high reputation among physicians in New England and its fame has gradually spread simply through the reports made from one physician to another. Its component parts, which

combine the active principles of fir balsam, venice turpentine, and chloric ether, with a minute quantity of dilute hydrocyanic acid, tartar emetic, and aromatics.

We understand that the Fitchmul Company, Concord, N. H., will be glad to send clinical reports to physicians.

HIGH GRADE RAZOR HONES.

Perhaps the most pleasing privilege permitted the editor in pursuing the peculiar policy of this journel, is that of making unsolicited, honorable mention of mechanical products, superior lines of goods, or worthy concerns, firms or individuals, as may come under our observation.

It is certainly within the recognized province of the United States Trade Reports to institute, at the solicitation of subscribers or otherwise, either general or special investigations whenever the interests of our patrons may be promoted thereby, or whenever they may ask us to look up any certain business subject in order to ascertain positive information for them. Among the many inquiries received lately have been several from interested parties among our subscribers, on the subject of razor hones, and we have been requested to name some firm or concern that could supply the trade with a high grade make.

In reply we would say that we have found the razor hones manufactured by E. A. Harrington, of Waukesha, Wis., to be highly recommended by the trades, as being of a superior grade and quality.

This make of razor hones possesses many points of value and merit, which space limit will not permit of detailed mention here; therefore we would advise all interested to write him direct for full particulars.

We are thoroughly convinced that the "Dry" razor hones will answer your purpose admirably, and that its reliability and finish will surprise and please you, as has been the case with many others who have investigated its merits.

The particular merit of the "Dry" is in giving a gummy, sticky result; not a wire edge like other hones. For this reason, it does not require an expert to use one.

This gentleman is well known for business tact and enterprise, as well as sterling integrity, and his standing commercially is of the highest order. He is conducting a very large business, having a patronage that extends to all parts of the country, and which is constantly increasing owing to the great value of his products, and his honorable methods of conducting business.—United States Trade Reports.

AMBULATORY TREATMENT.

I am using the ambulatory pneumatic splint on my second case, and am much pleased with the mechanism of it. The case on which I used it first was quite a heavy woman, sixty-six years old, with fracture on the neck of the femur. The first dressing was a Buck's extension. At the end of six days, the lungs became congested to such a degree that she was coughing and spitting blood. I at once telegraphed for an ambulatory pneumatic splint and, on its prompt arrival, I adjusted and applied same and got her out of bed on crutches. The lungs cleared up rapidly and she made an uninterrupted recovery with only a perceptible shortening, which was corrected by her shoe. Even at this early period she walks as well as ever.—W. A. LaRoss, M. D., MacDonald, Pa.

TUBERCULAR INFECTION.

It seems to have been thoroughly established that in most cases, tubercular infection has been through the mouth and naso-pharynx. This being the case a protection of these parts from invasion is of the first consequence. In a recent note on this subject, professor Arnulphy, of Paris, says that in addition to the other methods to protect those persons as physicians, relatives, nurses, etc., who are compelled to come in contact with consumptive patients, the frequent daily use of glyco-thymoline as a mouth, throat and nasal wash will ensure a degree of immunity from infection that reduces the danger to a minimum. To those already suffering from the disease, glyco-thymoline has proved of great value as a means of keeping the mouth, nose and cervical glands in an aseptic condition with a marked alleviation of cough and irritation. The action of the solution of glyco-thymoline on the mucous membranes is soothing and distinctly exosmotic, increasing the capillary circulation.—New York Medical Journal, January, 1904.

THE COUGH-SEQUELA OF LA GRIPPE.

Dr. John McCarty, of Briggs, Texas, (Louisville Medical College), in giving his personal experience with this condition, writes as follows: "Ten years ago I had la grippe severely and every winter since my cough has been almost intolerable. During January, 1902, I received a sample of antikamnia and heroin tablets and began taking them for my cough, which had distressed me all winter, and as they gave me prompt relief, I ordered an ounce box which I have since taken with continued good results. Last fall I again ordered a supply of antikamnia and heroin tablets and I have taken them regularly all winter and have coughed very little. I take one tablet every three or four hours, and they not only stop the cough, but make expectoration easy and satisfactory."

PEPTO-MANGAN.

If we look over the field of preparations launched upon the market, claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we will find their name is legion. Since its introduction to the medical profession of America, many manufacturers through their representatives have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and today find a resting place in some upper loft labeled, Deadstock. "Gude's" has stood the test of clinical investigation in both private and hospital practice; moreover, it has been before the profession during the last twelve years, and during this period has steadily grown in favor.—Medical Examiner and Practitioner.

Phenadul is an antiseptic, doederant, antiseptic powder useful in a great variety of conditions. The Andrew Chemical Co., 6 Merrimac St., Boston, Mass., sends free samples to Recorder readers.

A late and valuable addition to the materia medica is alphozone, made by Frederick Stearns & Co., of Detroit. It is a distinct chemical product and is used as an antiseptic in a 1 to 2000 solution. It is a non-toxic, powerful germicide.

BRIEF MENTION.

The price of radium has advanced. It is now worth $12,600,000 per pound.

When you need a sign of any kind write Geo. Steere, 256 Clark St., Chicago.

Beware of the greenback. One bill has been found to contain 96,000,000 microbes.

Naphey's wafers cure many uterine diseases. Naphey & Co., Warren, Pa., will send you samples.

The Golden Cross Eye, Ear, Nose and Throat College, Chicago, gives special attention to its course in optics.

The best way to buy or sell a practice is through the Medical Echo, Lynn, Mass. They make that their business.

"Oi tink the felly that sed a boil in the kittle is wort two in the neck is all right." Yours trooly, Dooley.—Judge.

You may need a good road cart right now. If so, write D. F. Sargent & Son, Geneseo, Ill. They are road cart experts.

Calicolo is a positive treatment for tuberculosis. Write the Butler Positive Treatment Co., San Diego, Cal., for proof.

The Oppenheimer Institute, of New York is a reliable institution where alcoholic and drug diseases are successfully treated.

Styptogenic crayons are valuable in gynecological practice. The Styptogenic Mfg. Co., Rutherford, N. J., supplies samples.

Hematol is a splendid tonic made by the Chicago Pharmacal Co., 141 Kinzie St., Chicago. Write for catalogue of their large line of goods.

A perfect storm protector for buggies has at last been devised and patented by Dr. W. H. Zehner, Snyders, Pa. Every doctor needs one.

Malnutrition.—Child, six months old, put on a panopepton diet, one dram in warm water frequently during the day. Improvement immediate; complete recovery.

If you wish to buy a good X-ray outfit be sure to write to Swett & Lewis Co., 18 Boylston St., Boston, Mass. They make splendid machines at very reasonable prices.

Adnephrin, Stearns, is a very satisfactory preparation of the suprarenal gland. It retains all the therapeutic properties of the suprarenal and does not deteriorate rapidly.

The United States and Canada Mercantile Agency offers to pay for the Recorder one year and 1000 premium labels. This is a chance for every doctor to get a free subscription.

Stearns & White Co., 187 Chestnut St., Chicago, is a reliable firm making a large line of elegant preparations. Send today for catalogue, which will tell you about right goods at right prices.

Aphrodisiac, "Mann," is very efficient. Many clinicians testify to its value in many obstinate cases. If you are treating impotency write Dr. Wm. B. Mann, Evanston, Ill., regarding his preparation.

The Austrian minister of the interior has recently called the attention of medical practitioners to the serious evils caused by illegible prescriptions. He insists that every prescription "must be clearly and legibly written in all its parts".

Edward Pennock, 3600 Woodland Ave., Philadelphia, has just issued a catalogue of instruments used in medical diagnosis. It includes microscopes, centrifuges, stethoscopes, phonendoscopes, thermometers and other diagnostic appliances.

From Henry M. Cowan, A. M., M. D., Surgeon of Mercy Hospital, Professor Rectal Diseases College Physicians and Surgeons, Mount Sterling, Ill.:

"When in doubt use hypophosphites (Fellows)" is a medical aphorism to me, of great value.

In my hands syr. hypophos. co., Fellows, has proven a remedy of exceptional merit in bronchial difficulties of a chronic nature, and incipient phthisis.

The Swett & Lewis Co. is now prepared to supply radium bromide of a high activity for the treatment of cancer, lupus and other diseases and for experimental work. The company has prepared attachments for safely handling the radium and for applying it to the skin and also to the cavities of the body.

The following are excellent prescriptions in pruritus:

℞ Sodii salicylas, ʒij
Listerine
Glycerin, aa., ʒvij
M. et S. For local use.

℞ Sodii hyposulphis, ʒj
Acid carbolic, ʒss
Glycerin, ℥j
Listerine, ʒiij
M. et S. For external use.

There are about 200,000 doctors in the United States, or about one for every 350 people. It has been approximately estimated that the average yearly income of these men is $750 or that the public in the country pays $150,000,000 annually for medical attendance, omitting entirely the money spent for patent medicines which brings millions of dollars to manufacturers, or the amounts spent for doctor's prescriptions, or paid to quacks and commercial doctors. The preparation for the practice of medicine that gives a man a good standing in the profession, means an expense of, liberally speaking, $4,000 for four years in a reputable medical school, $1,000 for general expenses during two year's hospital service, and perhaps another $1,000 for setting up in practice. A year or two in Europe is also a help. —Daily Medical.

CLINICAL REPORTS.

TREATMENT OF TUBERCULOSIS.

By John Wesley Tiffany, Hiawatha, Kan.

President Kansas State Homoeopathic Medical Society.

In reply to your request for a report f the multitoxine treatment, I desire o express my acknowledgment for your indly interest in the case of tubercuosis which I had in charge. I have iven your treatment for tuberculosis a horough trial, and from my present iewpoint have no hestitancy in saying hat multitoxine, with collateral treatnent as epitomized by you, is as near scientific specific for consumption as an be formulated. Multitoxine alone, owever, is not sufficient. The collaterl treatment plays an equally important part. Petrolatum, nucalcide and salith-on are very important and essential actors. Then, too, it is important that eculiar symptoms be throttled as they rise, by the employment of the indiated remedy. In addition, auxiliary reatment must not be neglected. The general treatment relating to diet, hygiene, fresh air and environment, each nd all play an important part.

I report the case of Mrs. T., age orty-six years, suffering from acute uberculosis supervening an attack of a grippe, with the following complicaions superadded: The climacteric and gastro-intestinal catarrh.

Microscopical examination of the sputum by three different bacteriolosists showed bacilli in abundance; also lisintegration of lung tissue. This was n May, 1903. The temperature ranged rom 101 to 105 degress; cough was almost continuous, the sputum very yelow. It didn't require a stethoscope to near the rales; they were discernible on close proximity to the chest. Night-sweats were saturating; appetite gone; patient was losing weight at the rate of one pound per day; bowels were alternately constipated and diarrheic, with very offensive odor. The prognosis for such a case heretofore has always been, "Patient cannot live".

We tried the tuberculin treatment with the result that aggravation was produced. The iodine treatment proved a slight improvement, but was discontinued. I then communicated with Dr. John Aulde, of Philadelphia, and ordered multitoxine, nuclein, nucalcide, chromatol, cardians, nuziferrum and salith-on. Armed and equipped thus, in July I began a crusade. The patient had just returned from the cooler atmosphere of North Nebraska. To me the case seemed hopeless. The victim seemed to be struggling in the embrace of an insatiate monster. 'Twas thus when I began the hypodermic injections of multitoxine once a day, which were continued for a period of ten days. On the third day the fever began to subside. Always, in about ten minutes after the injection, there was an appearanc of exacerbation, but the thermometer did not so reveal. The sensation was one of exhilaration.

During the period when the injections were continued, I gave nucalcide, two tablets every two hours, and continued these until the character of the sputum changed from deep yellow to clear and transparent mucus. It was then the mucus became tough and stringy, and I discontinued the nucalcide, substituting therefor chromatol,

because potassium bichromate has for its characteristic, tough, viscid, stringy mucus. The tonsils were swollen and painful, the voice rough and hoarse. These conditions present show that chromatol was indicated, and it acted specifically. Chromatol and nucalcide are companion remedies in this disease. Improvement set in after the third day, and by the tenth day the fever had disappeared. The appetite became better each day, and during the second week over-indulgence at table sent up the temperature to 101 degrees. Multitoxine again for three days restored normal conditions.

Previous to and at this time there was much fermentation in the alimentary tract with absorption of putrefactive matter, which retarded improvement. Liquid vaseline promptly overcame this condition. I added to eight ounces of liquid vaseline, five tablets of pix cresol. Dissolve the pix in a spoonful of warm water; add and shake until thoroughly mixed. Pix being a powerful antiseptic, was, I think, an excellent adjuvant to the vaseline.

All abdominal pains or uneasy sensation were controlled by cuproid, with hot water; a few doses were always sufficient. The weakened heart was fortified by cardians. The cough continued long after every vestige of the disease had been destroyed. Emetin seemed to help better than anything for a time. I gave granules, 1-67 grain. When stools assumed a clay color, I gave with each meal one tablet of oxgall and ipecac combined. Three days would suffice to restore normal conditions under this treatment.

The extreme nervous condition due to the climacteric was a very annoying complication. Hyoscyamine granules, atropine valerianate, calcium phosphate and ignatia were the remedies that did me good service during this trying time.

September found the patient in excellent condition. October was so extremely wet that patient could not take the necessary outdoor exercise, so about the last of October she went to Southern California, where she is now, free from all outward evidence of the terrible disease. She is not taking any medicine; nevertheless, she has a complete outfit of Dr. Aulde's remedies with her, and has been instructed in regard to their uses, and will take them if necessary.

Thus, doctor, you see that I am quite enthusiastic in what I have, by your aid, accomplished, and am free to endorse your treatment of tuberculosis as superior in my opinion to anything yet presented to the struggling victim of the "White Plague".

The above is a report sent to Dr. John Aulde, the originator of the multitoxine treatment.

ULCER OF THE JOINT.

By T. J. Biggs, M. D., Sound View Hospital, Stamford, Conn.

Albert C.; age, 60; American. Diagnosis, burrowing ulcer of great toe joint on left foot, which condition was the result of excision of a section of bone three years prior to his entering the hospital. Patient was admitted December 18, 1903. Examination showed the burrowing ulcer almost circumnavigating the toe joint. This condition had developed two months after the operation, and had in spite of careful and scientific treatment continued progressively up to the time I saw him. Under local anaesthesia the ulcer was entirely opened up, cleansed with bovinine, followed by Thiersch's irrigation, and finally with a bovinine dressing. He took a wineglassful of bovinine in milk every three hours. Was discharged cured January 16.

The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 91, March Recorder)

CUTTING OPERATIONS FOR NEGLECTED CASES OF CLUB FOOT.

Simple subcutaneous tenotomy will seldom prove a means of correcting severe cases of talipes equino-varus, as such can be quite as well corrected by the forcible manipulations, which were described in the last article upon this subject.

PHELPS' OPERATION.

This operation will prove to be the most universally applicable operation for the correction of these severe forms of this deformity. It should appeal particularly to the practitioner, as it is simple of execution, and almost certain to give a very serviceable foot, even where the deformity is extreme.

The operation consists of a division of the soft parts, which maintain the foot in the deformed position, and the forcible correction of the deformity. The foot is then retained in the corrected position until healing is complete.

Careful aseptic preparations should be made for the operation, as a large open wound will be made. Phelps recommended the use of the Esmarch bandage for controlling bleeding, and after the operation was completed, dressings were applied before the Esmarch was removed. The rubber Esmarch tightly applied about the leg prevented bleeding from all vessels cut and when it was removed the hemorrhage was controlled by the pressure of the dressings. Phelps' aimed by this to secure healing of the cavity left after the operation by organization of the blood clot, but this will not be the result in many cases. It is a better policy in my mind to use no constrictor on the limb above and to ligate or twist all vessels, which are not controlled by temporary compression with hemostats. Equinus is to be overcome by tenotomy of the tendo-achilles and the posterior ligament of the ankle is to be divided or ruptured by forced dorsal flexion.

The operation consists of dividing the soft parts preventing correction of the deformity. To do this we must cut tissues involving the inner and plantar portions of the foot.

An assistant grasping fore-foot and

FIG. 1.

Fig. 1 illustrates the natural form and relations of the tarsal and metatarsal bones. The shape and relations of the bones are widely different in severe cases of club foot but it is necessary to understand the normal anatomy and relations if intelligent corrections are to be made.

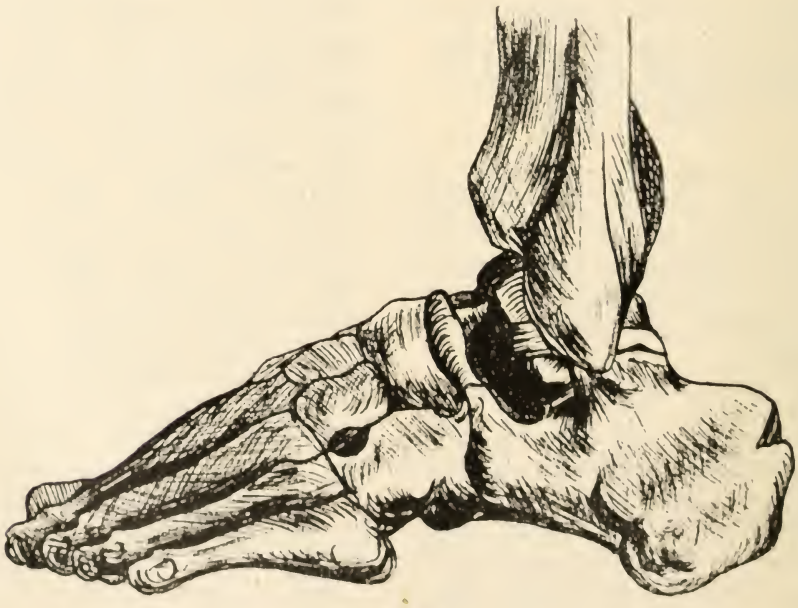

FIG. 2.

Fig. 2 illustrates the outer aspect of the foot which is operated upon in cuneiform ostetomy. Here a wedge shaped portion of the bone is removed and the foot corrected without violence. A majority of operators prefer to remove a wedge which is sufficiently large as to permit such correction without the use of force.

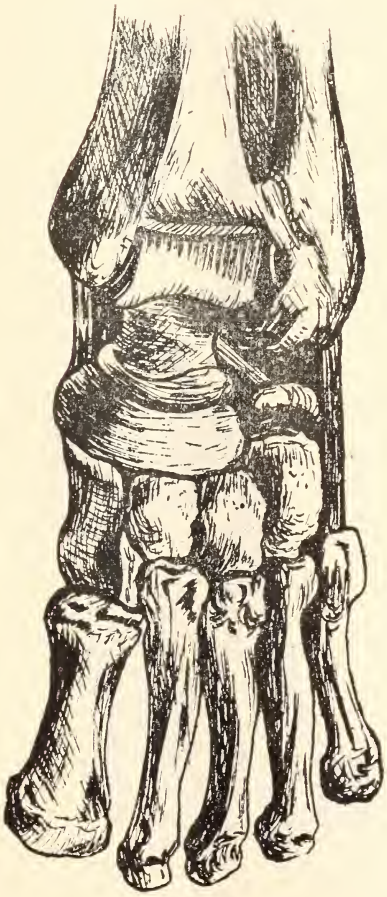

FIG 3.

Fig. 3 illustrates the normal relations of the tarsal bones viewed from the front. Particular attention should be directed to the position of the astragalus and its anatomical conformation. After Phelps' operation has been continued to complete division of the soft parts, the foot may be better corrected by performing linear osteotomy through the neck of the astragalus.

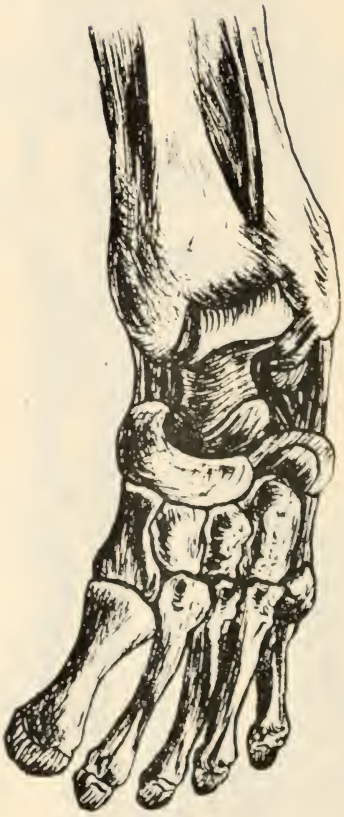

FIG. 4.

Fig. 4 illustrates a very moderate inward rotation of the foot.

FIG. 5.

Fig. 5 represents the bony relations where extreme deformity exists. In this condition complete removal of the astragalus may best serve to facilitate a correction of the deformity of the foot.

FIG 6.

Fig. 6 will serve to remind the reader of the condition which is under consideration.

FIG 7.

Fig. 7 illustrates the line of incision recommended by Phelps in doing his operation of dividing the soft parts which resist correction. This incision must gap widely when the position of the foot is corrected so that various types of incision have been recommended to prevent leaving such a large granulating surface.

FIG. 8.

Fig. 8 shows the skin incision recommended by Dr. Ridlon which may be used to gain access to the deeper parts. A simple triangular flap of soft parts can be turned up and will probably give the best access and leave the least of a raw surface to granulate.

FIG. 9.

Fig. 8 illustrates the manner of dressing the foot in plaster after the operations we have recommended have been completed. The foot should be over-corrected as is illustrated in the drawing.

hind-foot makes strong efforts to correct the deformity by forcibly abducting the foot. The operator commences his incision just in front of the tip of the malleolus and carries it directly downward until it has included one-third of the plantar surface of the foot. He now divides the resisting tissues as they are met until all have been divided to the bones of the foot and the deformity has been overcome by strong abduction. Writers enumerate the various structures divided but these are not recognized and need not be recognized during the operation.

Sometimes after all soft parts have been divided it will be necessary to divide the neck of the astragalus before correction can be completed. This is easily accomplished by chisel and mallet.

In other cases we will find that the astragalus is displaced and reposition is impossible. In these cases the malleoli will be found lying close together and prying them apart with a chisel will permit of a reposition of the bone. In some cases this bone will be removed to an advantage coupled with division or removal of the external malleoli and cuneiform osteotomy.

When the operation has been completed, the foot is to be held in the normal position by a plaster dressing. The operation corrects the deformity without shortening the foot, as can be seen.

An incision made as Phelps recommended leaves a gaping raw surface, which must heal by granulation. This takes considerable time, and to avoid which, the skin incision has been modified and skin grafting resorted to, both measures shortening the time of healing.

In some cases the foot has been merely twisted into the normal position by a giving way at the medio-tarsal joint, so that the deformity of the hind-foot has not been overcome. In these cases various operative procedures are useful and can be performed in conjunction with Phelps operation to an advantage.

ASTRAGALECTOMY.

This operation is indicated where the malleoli cannot be pried apart and the bone replaced. It is easily accomplished through an incision over the bone. The skin should be divided and the tissues retracted exposing the bone. The astragalo-scaphoid and ankle joints are opened and the attachments of the bone divided as freely as possible. The foot is then forcibly rotated inward and the bone seized with forceps and drawn upward, the attachments being severed as fast as they become accessible.

With the astragalus out of the way an effort should be made to draw the foot into the normal position. If this is not possible the external malleoli may be divided and removed and a cuneiform segment of the os calcis may be removed to an advantage. The foot is to be dressed in the corrected position and so retained by a plaster dressing until healing is complete.

CUNEIFORM OSTEOTOMY.

This operation may be performed in conjunction with the Phelps operation or the astragalectomy or may be used alone to secure complete correction of club foot.

Where cuneiform osteotomy is used in conjunction with astragalectomy, the wedge of bone is removed from the os calcis. If this wedge will not permit of full correction, the section can be made to include the cuboid and also the scaphoid. The foot is to be corrected without force and then dressed in this position.

After all these operations, a light brace should be worn, especially in children for some months to insure against relapse. The operations will be followed by some tendency to relapse in children if the brace is not used.

(To be continued.)

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 92, March Recorder)

Currents.—We find when we come to consider this subject, that the phenomena of motion, known as currents, are susceptible to considerable modification, and are divided into continuous, direct and alternating, and which are again subdivided into sinusoidal and induced currents, having reference to the method of production.

Continuous currents are currents that flow steadily in one direction without a susceptible break during their passage, and are derived from several different forms of apparatus.

If we join two dissimilar metals together and apply energy to the junction by means of heat, or the blows from a hammer, and immediately we obtain motion, the motion being different in each metal, due to the variation in the atomic weight, and we obtain a continuous current; that is, a current will be given off that will flow steadily in one direction until the motions in both metals are equal, and then our current stops, but the reverse motion may be obtained by cooling the junction, then the current will flow in the opposite direction, because one metal will cool faster than the other, and the one that has the greatest atomic weight of course will cool the slowest. But the moment both metals are of the same temperature, motion being equal, no current will flow as electrical equilibrium is established. It is to the galvanic battery that we must look for an economical source of the continuous currents. The battery consists of an apparently simple generator of two dissimilar elements, immersed into a solution of a salt derived from one of them. The different densities of the combination disturb the electrical equilibrium of matter, and when the two elements are connected together, outside of the solution, we find that chemical changes begin, and are conscious that a current of electricity is flowing over our connecting wire. The current is continuous just as long as a difference of density exists, but when equilibrium is established the current will stop.

Direct current is derived from an electro-dynamic apparatus and the polarity is always in the same direction, but the current is broken up in a succession of impulses due to the method of constructing the commutator that is used upon the end of the armature of the direct current machine. They are made up of segments, insolated by means of a sheet of mica, and it is while the brush is passing over this mica, from one segment to the other, that a slight interruption is made by the current. The armature revolves so rapidly that as far as practical purposes are concerned the current is continuous, as the interruptions may run as high as 35,000 per minute, too rapid to detect by any human sense. This form of current is used for charging storage batteries, for power purposes, and especially for incandescent and arc lighting, where the work to be performed is within five miles of the generating plant. It is not practical to send this current a greater distance for lighting or power purposes, owing to the loss of energy that takes place in space surrounding the conductor. This is overcome to a certain extent by increasing the size of the conductor, and if it is absolutely necessary to send it farther, it is accomplished by means of a "Booster;" that is a small rotary transformer, which takes in the current at

say 104 volts and steps up the voltage again to 115 volts, making it possible to send it another five miles. This process is a curious one in physics. A machine taking in a current at a low voltage, transforming it into magnetism, and retransforming it into electricity, and delivering it back to the same source at a higher voltage. But this process is only one of the marvels connected with the study of this wonderful force, and a student cannot help wondering, while watching this force at work, under the direction of the human mind, that we are dealing with an intelligent spirit; the wonderful precision with which it does seemingly impossible things, and the intelligence shown by this force, as it goes on doing its allotted task from day to day, and the sudden, vengeful, and destructive tendencies shown at odd times, is a constant source of interest to electricians.

(To be continued.)

GANGRENE, ITS ONSET AND TERMINATION.

By Thomas H. Manley, M. D., Ph. D., New York.

Professor of Surgery, New York School of Clinical Medicine: Visiting Surgeon to Harlem Hospital: Visiting Surgeon to Metropolitan Hospital, Etc.

A Clinical Lecture Delivered at the New York School of Clinical Medicine, August 2, 1903.

FIFTH LECTURE.

The word gangrene has an ominous significance, because it presages dangers of a mortal character in the tissues; it means that a limb is in danger after accident, that the vitality of a part is in a state of asphyxia, is being strangled, as in stenosis of the intestine.

We have, broadly speaking, two varieties of gangrene; one induced by influences from without, the extrinsic; to this belongs the traumatic, as from injury from extremes of cold, from burns or chemicals; the other proceeds from the effects of influences operating through the system, as poisoning from phosphorus, from ergot or from diabetes or senile changes.

Of the former only can anything be said on this occasion. This is the type of the greatest practical interest to us because we witness it most commonly after violent injury and because, too, that it is more or less under control, and may many times be prevented.

Of the traumatic, there are again, two kinds, one known as dry-gangrene, and the other moist. The former a variety in which, properly speaking, there have been no pathological changes at all, they are purely chemical, and hence, the term dry mortification is much better adopted; a part has had the life crushed out of it at once; it dries, mummifies, hardens, and blackens up to the line dividing it from the living tissues.

We will do well to remember that the pathological state designated gangrene—that leading to the so-called moist—we are dealing with a vital process which must not be confounded with mortification, as the former is one in which the tissues are approaching death, while in the latter they are dead.

In gangrene, as we witness it after injuries, the dominant, initial changes will take place in the arteries, either damage to them at the time of injury or from undue pressure on them afterwards, by mechanical adjustments.

Several of the most virulent cases of gangrene we encounter in the extremities proceed from small, insignificant wounds of the hand or foot, from punctured or contused wounds, which became the seat of infection, this spreading with alarming rapidity, at

times, upward by any of the lymph vessels towards the trunk. I have seen an amputation at the shoulder-joint imperative, after a deep puncture of the palm, within forty-eight hours; in another from the puncture of the pulp of the index finger, suppurative infiltration of the fore-arm speedily set in with symptoms of pyaemia, death occurring on the eighth day.

Some phase of inflammation is quite an invariable concomitant of gangrene. There is a violent reaction in the tissues, severe, torturing pain, a deep crimson flush of the skin, a firm induration or oedematous condition of the parts involved with obvious constitutional disturbance.

In severe fracture of the bones of the limbs, it is well to always make provisions against the possibility of gangrene when this is possible.

It will sometimes happen that at the time the bone is shattered the main vessels had suffered grave injury, and therefore, do what we will gangrene will set in. Let us beware in those cases, wherein we find a cold pulseless limb, that we apply no description of splinting but rather concentrate our attention on the restoration of the circulation.

Gangrene is a condition more or less docile to treatment: its ravages may be arrested or limited, and therefore why we should not fail to employ energetically and early such means as are well known to be effective.

Gangrene of the infectious variety, may indiscriminately seize on all the tissues, again, only the osseous are effected when we say that there is necrosis, in another only the skin and underlying connective tissue are effected.

The fetor of moist gangrene, when the parts are in a state of sphacelus is most repulsive, something similar to that of a cancerous discharge, and yet not the same.

Strange to say, in some of those cases emitting the foulest odors drastic surgery may realize the best results. These are the cases in which the osseous elements are involved. Moist gangrene is usually attended with widespread suppuration and sloughing, though when all the tissues are invaded and its progress is rapid, this is absent.

The treatment of gangrene must be directed to the existing condition; prophylaxis being of the greatest importance.

After it has set in, there is no time for parley, as delay means very serious consequences.

Among the most effective tentative measures, are: 1st Free and deep division of the tissues, this affords relief of tension and depletion of the distended thrombosed vessels. 2nd. Thorough disinfection of the exposed parts, free drainage and very warm fomentations.

When gangrene has advanced to mortification, then the dead parts must be resected; if only the osseous structures are destroyed, these must be removed, with any contaminated tissues by a free dissection; meanwhile, opium, stimulants, proper diet and environment must be provided our patient.

HYPNOTISM.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Whatever the therapeutics of hypnotism may be, we are safe in asserting that it is a deadly poison to many nervous systems, and that it is the exercise of a power by one person over another which should not be exercised but with the very greatest restrictions under moral, social and legal sanction. It is too soon to claim for hypnotism what its advocates have so largely claimed, that it is virtually a means of cure or alleviation for almost every

form of disease. As regards the injurious effects of hypnotism, we are struck by the differences of opinion among those most competent to judge. Some have only seen beneficial effects —never any injurious results. The experience of others has been the very opposite. Charcot, the father of modern scientific hypnotism, warns against its use most emphatically, and holds it in contempt as a remedial agent. He charges it with impairment of intellect. Its tendency to spread like epidemics is a matter of history; and there are evidences of a beginning of an epidemic in various places. Nervous somnolency with spontaneous hypnotic spells, general exhaustion, alarming neurasthenic symptoms and epilepsy, have all been developed after the hypnotic state. A hypnomania, a morbid craving for hypnosis, has also been observed.

Bernheim mentions the fact that persons who have undergone the hypnotic treatment, are apt, even in the waking state, to automatically obey; not only the hypnotizer, but other people, which means that their individuality is effaced and their will-power paralyzed. One who has seen the somnambulistic state of epilepsy, is at once struck with the close similarity of hypnotic and epileptic somnambulism. I know of a person who, when he was an infant, was frequently hypnotized, and to-day is a confirmed epileptic. They who have studied the delusions of the paramaniac, or the general progressive paretic, must acknowledge how great is the resemblance as regards the double consciousness with its resulting delusions observable in those types of insanity and a certain stage of hypnotism. This lends color to the idea that it is not only a neurosis, but even a psychosis; that it is as many have said, a disease which ought to be eradicated where it exists, but not to be evoked where it does not exist.

Some good medical authors contend that hypnotism forebodes, if it does not betray, a form of insanity. It must be admitted that events of a social, political or religious nature, are apt to enter into, and form part of the stock of delusions with which the becoming insane may be afflicted. It is quite a common complaint of the victim of delusional insanity, that he has been hypnotized; that somebody is enabled thereby to read his innermost thoughts and make him do certain things against his will. In such cases there is no casual relation between hypnotism and insanity, but only a temporal incidental one.

Among several cases that have come under my observation in which hypnotism had a contributary effect in developing insanity and where the patient might have tided over a threatened attack had it not been for certain cranks practicing hypnotism. I know of one in whom no previous insane diathesis could be demonstrated, and who went assured insane by hypnotic manipulations performed on him at various times in a society of spiritualists. Honest, genuine spiritualism is always a species of insanity, provided there is no mercenary motive at play. All spiritualists are, to say the least, weak minded; although the fact is urged that some of them achieve wealth and fame. This of course, is no argument against the existence of feeble-mindedness or real insanity.

To be brief, hypnotism is not to be entirely ignored as a therapeutical agent, but it ought to be employed only in affections where other means have failed, and with the utmost caution. It will not do to dogmatically judge the merits of hypnotism, but our experience with it to-day, is large enough to limit its uses in functional neuroses of an irritable character. I do not believe that it is justifiable to use it in minor operations, since it is a very dangerous

procedure in some subjects whose susceptibility to its morbid influences it is impossible to calculate before hand. In view, therefore, of all this, the sooner we hedge in hypnotism with legal restrictions, the better.

ECHINACEA AUGUSTIFOLIA.

By J. A. Burnett, M. D., Sullivan, Arkansas.

Echinacea augustifolia is the most powerful antispetic known to medical science hence its wide range of usefulness.

In puerperal septicema echinacea will do more than any other remedy. It does not only have an alterative antiseptic influence in this disease, but decided sedative influence as well. Small pox, measles, scarlatina and diphtheria are generally successfully treated by this remedy especially small pox and measles. The success in the treatment of scarlatina and diphtheria with echinacea has been varied. Typhoid fever, pernicious malarial fever and all septic fevers are greatly benefited or cured by echinacea. It acts as an intestinal antiseptic in typhoid fever. For snake bites and the bites and stings of all reptiles this is our best remedy. In these conditions it should be used both externally and internally. Carbuncles can be cured by the internal and external use of echinacea. Tuberculosis can in most instances be benefited by this remedy. In this disease its use must be continued for a considerable time when expectoration and cough will be lessened, the appetite will return and excretions and secretions will be established. When added to other remedies echinacea will greatly assist in relieving tonsillitis.

In wounds of all kinds echinacea is of service as a surgical dressing. Various skin diseases are benefited by the use of echinacea, especially in those who have bad blood. Several cases of lock jaw have been relieved by echinacea. Lobelia is a good associate for it in this complaint. If there is any remedy that will cure or prevent hydrophobia it is echinacea.

A combination of echinacea and asclepias is very useful in pneumonia where an antiseptic is needed. Echinacea is very useful in cases of pneumonia of a low type.

This remedy will eradicate boils when they come in successive crops. It should be used for several weeks for this purpose and likely a mild cholagogue will be needed also. A combination of echinacea and olive oil is useful in burns and scalds. Echinacea has been recommended when used locally as an aphrodisiac but its effect as an aphrodisiac has not been established.

In congestion of the stomach when the mucous membranes of the mouth, tongue and throat are covered with a dirty, slimy, pasty coat and the entire system gives an impression of dirt, echinacea is curative. Teaspoonful doses every three or four hours of equal parts of echinacea and elix. pepsin is useful in suppressed lochia following abortion. This compound is also of value in some forms of dysmenorrhoea. Suppurative eczema with yellowish ichorous, glutinous discharge readily yields to echinacea. When combined with simaba cedron echinacea is of value in acute malaria. It will rarely ever fail to cure a case of chronic malaria by itself. Inflammatory rheumatism has been benefited and cured by echinacea.

There is no doubt but what echinacea would be of benefit in cancer. It deserves a trial in this disease. Syphilis has been benefited and cured by this wonderful remedy.

When called to see a child suffering from meningitis, don't forget echinacea, for it is a wonderful remedy in this disease.

The Thomsonian doctors introduced echinacea to the medical profession and they deserve credit for bringing such a grand remedy to notice. There are two species of echinacea, the augustifolia and the purpurea. When prescribing, always specify the augustifolia. Lloyd Bros. specific echinacea is a reliable preparation. The Lloyd Bros. put on the market a pure preparation of echinacea called echafolta, which can be used in surgical work as a dressing. The normal tincture of echinacea made by Wm. S. Merrill is reliable. Echinacea augustifolia is alterative, stimulant, tonic, sedative and antiseptic. Dose of the fluid extract Lloyd's specific tincture or Merrell's normal tincture 1 to 60 drops. The usual dose is about 15 drops every three hours.

THE NEW WAY TO GET BUSINESS.

By F. F. Casseday, Ph. B., M. D., Rosemount, Minn.

The text of the new method is "Do your competitor before he can do you, and do him quick". Do not be deterred by any old fashioned ideas of courtesy or so-called professional etiquette, but go after practice even if you have to steal it on all sides. It is in the air. Never mind about the method, only get there with both feet. If you hear of anybody being sick anywhere on your route drop in and see them, if anyone is sick in the family ask to see them, and do not fail to throw in a few words of disparagement against the doctor who is treating the case. Never mind a little thing like that. Do not even suggest that it would be a slight courtesy to notify the attending physician before getting another doctor. It is not necessary to notify the other doctor or consider him in the deal as you need the money, and must have it even if you have to steal it. When you are sent for in consultation go right in and look the patient over before the attending physician arrives, make a few grand stand plays to get solid with the family, and then steal the family away from the other fellow after the consultation is finished. He will not mind, and then you are the best fellow anyway. Make all the calls you can in a case, go even if you are not sent for, and send in a good big bill. Do not be a small hog, be a big one, and get everything in sight.

These few introductory remarks are by way of a prelude to my main discourse. I would respectfully suggest to some of the big wigs and professors that they should get some rich man to endow a chair of "Good manners and courtesy" in the medical schools, and teach the medical students and future learned men and women in the profession some good manners. They need it. The less medical knowledge they have the less manners they have. It decreases in direct ratio with their brains, and their brains have registered zero and are decreasing to infinity. A man whom nature intended to work in a tan yard is hard soil to plant good breeding in, but the medical schools ought to try to do something. Some material they turn out is not a credit to them.

There never has been much real fraternal feeling among the great mass of physicians, and there is less today than ever before. The profession made medical laws to better the conditions of medical practice, they have tried this method and that, but medical practice today is practically on a commercial footing and professional feeling between members of the profession exists principally in the imagination of some doctors, who want to deceive themselves

with the idea that everything is rosy and pleasant. Is it any wonder the pathway of the average physician is not strewn with roses, when instead of combining honestly and compactly for their own good, they slaughter each other, and show the world how little spirit of true professional feeling there is among them? Instead of uniting for the general good they spend their time in little petty bickerings.

Lack of good manners and courtesy is for the most part confined to men, but I have seen some pretty rank specimens of the breed among women doctors in my time.

The medical is the only profession, possibly with the exception of the ministerial, where there is absolute lack of unity of thought or action. Medical societies are organized, degenerate into organs for the advancement and preferment of the few at the expense of the many, flourish a little while, and then decay, and on their decayed stumps others rise to go through the same process. Of course there are notable exceptions to this rule, and there are noble men, who are practicing the golden rule in their practice and in their lives, who honor themselves and their profession by their lives.

Why should men and women (presumably refined and well bred), who are practicing medicine forget to observe the amenities of life? Why should they desire to do so? It is a hard question to answer, nay past finding out.

It is a well known law that water will not rise above its source. It is also true that a pig's tail makes a poor whistle. Maybe after all the medical colleges turn out fair doctors, quality and origin considered. Let us be patient and hope for the best. If we cannot do that use a club.

Fumes of turpentine relieve croup.

EPITHELIOMA OF THE ORBITAL CAVITY.

By W. E. Lambert, M. D., New York

Report of Clinic at New York Polyclinic Medical School.

Two years ago this patient's eye became diseased, and was removed. Three weeks ago he visited the clinic. Abscess filled the entire orbital cavity. It was opened, and a large quantity of pus evacuated. A section was made of a small indurated portion of the lower lid for microscopical examination, and it was reported to be epithelioma. The cavity was carefully explored, but no contents were found. The man had a peculiar voice, and examination revealed an opening in the hard palate which at first seemed to lead to the posterior nares, but later was found to communicate with the antrum. A section was removed from the upper portion of the antrum wall for examination. The speaker said that this was an example of a removal of a growth from the orbital cavity too late to obtain good results. Undoubtedly the abscess has invaded the cells of the antrum. If this should prove to be an epithelioma of the antrum, what could be done for it? He did not think that further surgical interference would have any effect on the growth. X-ray treatment might be of some benefit, although the progress which the disease has already made rendered this doubtful. The prognosis in cases of this character is often uncertain. In one instant a patient presented himself two months after operation with induration of all the contents of the orbital cavity and a return of the dsease in the lower part of his face. The indurated tissue was removed, the operator cutting as deeply as he dared, and the patient was advised to go home. Three years later he reported that he was in better condition than at the time of the second operation.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

DRUG TAKING AMONG THE PEOPLE.

The subject before us, it seems to ne, is of such vital importance that all nedical men should take an active part n its discussion, and not only medical nen, but our law makers as well, and astly, but by no means least, the pubic should begin to investigate the subect and learn for themselves that the nveterate and constant use of so nany various drugs, patent medicines, ills, snuffs, etc., as are being put upon he market to-day for people to take, nd I will even go farther and say, disensed to them by some physicians (soalled) is in reality the cause of the najority of the illnesses of to-day.

And especially is this the fact in nost if not all of the nervous diseases.

For the past ten years it has been ny privilege to have under my personl care and observation from five to wenty of these nervous cases daily, and can truly say in scarcely a single intance, has the disease been produced nly through the indiscriminate use of ome patent medicine, or sorry to say, long continued use of some doctor's favorite prescription for alleviating ain or nervousness and for producing leep. I have in mind at this present ime a relative of my own who has ust discarded a doctor's prescription which brought an income to the doctor f $1.00 every two weeks, and now she s supplying to herself the same force y purchasing twenty-five cents worth of laudanum which lasts about the same length of time as did this doctor's $1.00 prescription. Now this is only an example of what is happening all over the country. I believe an action was taken in the last meeting of the American Medical Association to stop the sale of so many patent medicines. I am heartily in favor of the movement and from my past experience in the treatment of drug addictions and nervous diseases know they are only instruments in producing the many various nerve diseases and drug addictions that is really the curse of our people of to-day.

But I ask, what can be done for those who are already suffering from their effects? Even though these drugs were stopped the patient is not cured who has once become addicted to the use of stimulants or narcotic drugs, and no matter how long the drug is kept from one who is once addicted. I say to you all, and I know whereof I speak, Nature does not compel or effect a cure, without proper assistance, and unless that assistance is furnished and an equilibrium in the nervous system established that patient is a nervous wreck, and doctors pronounce the case neurasthenia. The real name is Uncured Drug Disease.

But according to an old code of ethics, no physician can say to the public what he can do for this class of suffering humanity, no matter how honest he is in his convictions, and the mere fact that he treats such cases, debars him from the privilege of membership in the State and American Association.

If I cure a reputable physician of the worst form of drug addiction no medical journal will allow that physician to give his experience during treatment with me, unless it was decidedly bad, and then they seem to be very eager to get all the particulars and ruin me if possible without any regard to what part the patient played

in the failure. Now I ask my readers if this is just the part for medical journals or medical men to play on so important a subject as the one under consideration, and especially so when the large majority of patients in all of the various jag cures, as the profession is so anxious to call them, to simply show their disrespect for the one who runs them, are doctors.

Is it belittling ones self to cure a physician? I have had ten physicians and two physician's wives under my care at once for morphine addiction. Should such work as that debar me from the privileges of the medical societies?

I understand the American Medical Association would act through the law makers, regulating the sale of patent medicines. But it seems to me there is a duty for physicians to perform as well as law makers. You desire a law enacted so men cannot sell patent medicines, etc. Now, why not drop a little of your own selfishness and do something yourselves. You will now ask what can we do more than to stir up our law makers? I will tell you. Drop the thought at once, that you know all there is worth knowing. You are only one of the great whole. You may excel in one thing and be head and shoulders above me, while in something else vice versa, and the same with all men. You have only your part to play on God's great footstool. If you were to die, your place would soon be filled, as would a pail full of water dipped from a flowing river. I say first of all, drop selfishness and greed. Be willing to let some other man live as well as yourself. If a brother doctor has superior qualities, do not try to build up yourself on his downfall and ever bear in mind your chickens will always come home to roost. If you have a patient that you in your own heart feel that some other doctor can do more for than you can, refer it to him, and do not hold that patient until you have bled him of the last dollar he has either, but send him at once when you see he is not your case, to the one who can cure him. I am personally acquainted with doctors who would much rather a case would die on their hands than to be cured by a competitor and especially so if the doctor was of his locality.

Then again brother physician, if a patient comes to you with some little nervousness, do not at once begin to dope that patient with some stimulant or narcotic drug. Those drugs only blunt or cover up. They do not cure; And such prescribing is what creates demand for patent medicines and as long as men prescribe thus, just so long will patent medicine men prey upon the public, and make more money than the physician. Then I now say to you again, drop selfishness and greed, and when the case presents itself to you that you do not know how to treat, send it to the doctor who does, and be sure to not hang on to the case either until he gets disgusted with you and then reads some lurid advertisement of some patent medicine or hears of some old woman, whom he seeks and is cured, and thus brings the whole medical profession into disrepute. No, be honest with the man. Do as you would like to be done by, and if you would do as I suggest, the sale of patent medicines would drop off at once, and the cures of nervous diseases be wiped out in a short time from the laity people. Instruct them at once of the danger that lurks in all stimulating and narcotic drugs, and that the strength they seem to impart is only false and soon gives out and must be supplied with more drug, etc., and be sure not to do the same thing yourself that you advise them against, and lastly but not the least, if you still persist in not letting medical men tell what they can do for this class of sufferers and do right. Have your medical jour-

nals tell it to their readers, after making a thorough examination of the facts in not only one case but several. If a brother doctor wants to report his cure, make a thorough examination of his statements and print them, not for what you are paid for the article, but for what good it will do for your readers, and I will venture the assertion that every journal has readers by the hundred who are slaves to morphine, who are earnestly praying for some means of deliverance, and who are scrutinizing every line you print in hopes to find assistance but in vain. Only to find some theoretical bosh written by some man who never had the experience of treating a single case successfully, and thus he has to resort to the fake ads which he finds in simple advertising mediums where space is simply sold for a price and the one who has got the mosts sts attached to his cure seems to take the preference, and the bigger the lie the greater the attraction, and more readily the patient sends in his hard earned cash and receives in return only the same drug he is trying so hard to get free from, but at a much greater price.

Then in conclusion I would say to medical journals—do not keep knowledge from the public simply because you are afraid you will profit some one man, and you not share in it. No! No! Drop selfishness, and I believe the time is not far distant when medical journals, which are not run wholly as an advertising mediums of a certain few, will do as I have suggested and then the sale of patent medicines and fake cures will greatly diminish and the health of the public much benefitted.

C. E. Patterson, M. D.
Grand Rapids, Michigan.

STOMACHICS

Recently I wrote four physicians and asked them: "What is your favorite prescription to increase the appetite and aid digestion." It may interest the Recorder readers to learn what the answers were which are as follows:

Dr. S. C. Martin, editor of the St. Louis Medical Era said, "I have none which I use exclusively, but am always governed by the needs of the individual. The use of a dilute mineral acid, gentian, quinine and pepsin I find very satisfactory."

Dr. H. C. Bennett, formerly editor of the Electro Therapeutist said, "My favorite tonic prescription is a tablet of iron one grain, arsenic $\frac{1}{100}$ of a grain and strychnine $\frac{1}{60}$ of a grain. This tablet three or four times a day will soon make people hungry enough to eat almost anything if the liver is kept active." This tablet can be obtained from Truax, Greene & Co. of Chicago. Its exact formula is:

℞ Iron powd., gr. 1
Acid Arsen., gr. $\frac{1}{100}$
Strych. Sulph. gr. $\frac{1}{60}$

Dr. W. C. Abbott, editor of the Alkaloidal Clinic, said, "As far as appetite is concerned, quassin from two to three granules given half an hour before meals is probably the best stomachic we have to aid digestion. Doctor you must know whether you have an acid or an alkaline dyspepsia—what your indigestion is due to before you can give an appropriate remedy. In nine cases out of ten, however, some preparation of papaw carica, such as papayotin—the papoids of the market or the elixir papayans of some of the manufacturers may be used. Pepsin is almost inert in this condition. A few drops of hydrochloric acid would do a good deal of good in most instances."

Dr. Jos. E. Chambers said, "My favorite prescription or treatment to increase the appetite and aid digestion is first to stimulate the action of the liver which I do with the following

prescription; Calomel grains 5, ipecac grains 2, bicarbonate of soda grains 15. Mix and make capsules or powders 10 doses, one every hour followed by a large glass of water until the bowels are active, then one at bed time for four or five evenings. As soon as the bowels and liver are active my favorite prescription is the following: Elixir of lactopeptine one ounce, tincture of nux vomica two drachms, codliver glycerine seven ounces. Mix, teaspoonful at meal time and bed time. I find that this prescription gives sufficient nerve stimulation in the nux vomica, supplies sufficient pepsin and lactic acid in the lactopeptine while the codliver glycerine depletes the stomach glands of their natural digestives and stimulates the stomach to activity and it shortly secretes and acts without any medicine."

"When there is nothing but nerve inactivity I use one-sixtieth grain doses of strychnine before meals as a digestive, but in no instance do I try to relieve dyspepsia or stomach activity without first correcting the liver".

Dr. J. A. Burnett,
Sullivan, Arkansas.

TOPICS OF THE TIMES

FOUNDATIONS IN MEDICAL EDUCATION.

Medical education should be built upon a broad foundation, along scientific lines. Not only this, but every doctor should keep informed upon the advancement that is being made along all departments of learning.

A narrow man is out of place in the medical profession. In college days sometimes we would hear a student ask, "of what use will that be to me in future practice?" Some men seem loath to learn anything that does not seem to be coinable in practice.

In glancing at the library of a physician we can to a certain degree determine the depth of the man. In said library we should find up-to-date works upon chemistry, botany, histology, physiology and comparative anatomy, to say the least. Among his journals and periodicals we should find publications like Science, Popular Science Monthly, American Naturalist, World Today, World's Work, Independent, possibly some of the quarterlies, etc. There are so many high grade publications upon scientific and literary lines that this enumeration covers only a few that are the favorites of the writer.

Once when the writer was a child he asked the family doctor as to the chemical formulae of the inorganic acids and their more familiar salts and found that the doctor did not know even the odor of H_2S. Of course he had no practical use for the formulae, but his ignorance was like that of a man who could not bound the state in which he lived. His education was a stingy quantity.

If some of my readers have not kept up with the times scientifically I would advise them to subscribe for Science. This journal is not too technical for the average medical reader and it gives attention to all scientists. It comes weekly and costs $5.00 per year.

Of late a good many books are coming out that deal in a very entertaining manner with different branches of science. One of these is "Man's Place in the Universe," by Alfred R. Wallace. This book deals with the "great outdoors" in a masterly fashion. It takes us upon a journey out into the galaxy a few million light-years (a light-year, by the way, is the distance over which light journeys in one year). (The reader can figure it out. Light moves about 186,166 miles per second). The confined mental atmosphere in which some specialists live must be predisposing to degenerations in the individual if not in the posterity. Books like this

one are "ventilators" of the most complete pattern.

Another book that dresses bones of the dim past in veritable garlands of language is Prof. Lucas' "Animals of the Past." Both of these books are published by McClure, Phillips & Co.

I have just received "Mutual Aid; A Factor in Evolution," by Kropotkin. Books like this are as entertaining as novels and after reading them one is conscious of having progressed.

Anthropology is a department that every doctor should study. J. Deniker's "Races of Man" is the latest and best text book for this study. It is published by Scribner's Sons.

He who would now study chemistry up-to-date must be familiar with the finitesimal calculus. The reader may prove this to his satisfaction by consulting the Journal of Physical Chemistry, published at Cornell College, Ithica, N. Y. Knowledge of physical chemistry comes in very handy when reading works on physiological chemistry, for example, Hammarstens, published by Wiley & Sons.

The information furnished us by the sciences and our senses makes a composite picture that represents nature to us. If we are ignorant of mathematics, botany or some other science our composite picture is one sided, defective or incomplete. Life may not be so "successful" to the one who has balanced his education, but I must believe that it is more satisfactory. Ignorance in any direction is like a wall or barrier to our vision, and he who is in education selecting the practical only will find his selfishness as always leading him into error that could have been averted by a wider wisdom. But some will say life is too short to familiarize one's mind with the general principles of all scientists.

Now, it is a fact that students of second rate abilities do too frequently seek to become doctors. The best material for making doctors is among those who can learn most rapidly that which they can retain through life. To make a doctor of a youth who has to be shown each day how to demonstrate propositions in mathematics in order to get his lesson is a mistake. The scholar who gravitates to novel reading and sport as soon as the force of the class room lets up is poor material to brand with M. D. The prospective doctor in the school boy is dieting and is able by the hunger to learn for learnings sake, combined with the ability that is almost phenomenal. When a physician remarks to me, I never could study this or that science with profit or interest, I am lead to question the wisdom of his advent into the medical profession.

Whatever academic advantages a physician has received it is well for him to look over the new school and college text books as they appear from time to time and never allow himself to forget the fundamental facts and principles upon which his professional superstructure rests. When a man has been twenty years out of college it will surprise him to note how much is new to him in a set of freshman text books.

THE PATHOLOGICAL IN "REFORM."

It is about time that alienists, neurologists, etc., made a particular study of the psychological effects of certain radical and fanatical theories.

We all remember the Coxy Army. There is ample ground to question the sanity of this wild movement. We are familiar with the Guiteau and Czolgosz cases but it required tragedies to cause them to be investigated. To read the theories of Prouhdon and Bakunin effect some grown people as a certain class of novel reading effects a school boy.

The followers of Carl Marx will stoutly affirm that no destructive spirit

permeates their philosophy, yet they have set out with a purpose much like that of the anarchist. The child cries for the moon and in his anger may break the window because he can not get it. Momentarily his mind is unbalanced. Anarchist and socialist aim at the abolition of profit, rent and taxes. The former would abolish wealth as such that the ballot by some magic can bring him and the capitalist to the same level. He expects to do this with more or less dispatch, inasmuch as he leans toward the Marxian or the Fabyan plan.

These are mild fantastic dreams, much like the visions before the minds of Coxey and his followers when they walked to Washington "to do something," and only made themselves ridiculous.

It is therefore evident that a theory can plunge some men into conditions bordering upon insanity.

In an asylum there are ways and means of dealing with mania in all its forms, but when mania tinctures a multitude at large the evil manifests itself as strikes, persecution of scabs, and in extreme cases as assassination.

All of these, as any one can observe, are becoming more frequent and serious, and whereas twenty years ago a newspaper would rarely lend its columns to a socialistic crank, they seem now quite willing to publish his arguments.

Physicians are keeping themselves all too silent upon these questions, feeling that they may be accused of meddling with subjects outside their realm, but if they can show that there is a side of psychological disease to the subject, its final cure or regulation must ultimately to some extent devolve upon them.

Trusts may overreach themselves and legislation should set their limitations, but to load the mass of them upon governments at one stroke is at the outset hardly a sane proposition. Governments must slowly grow up to their tasks and any radical changes in their order, like radical atmospheric changes, bring a storm with attendant electrical phenomenon; therefore we may say that the socialists are laying the foundation of future wars while the anarchists merely contemplate an assassination now and then.

HOME TREATMENT.

I have just returned from a case of broncho pneumonia in a little girl of ten years. Temperature 104½ degrees. This was the first call of a physician to this case, although the temperature of yesterday was 105 degrees. Home treatment was used without effect thus I was called. Now I did not use violent language when I encountered this case, still I gave the people in charge of the child to understand that their neglect had been almost criminal. To them in their ignorance it seemed enough that the child should get well. They had reasoned in this way. The doctor charges $2.50 to call in town. If we can stop this fever we save $2.50. If we can not we shall make it easier for the doctor and he will not have to make as many calls. To meet this line of thought my discourse was something like this.

"You have made a great mistake in not sending for me when the child was taken sick on yesterday morning. I shall see that she lives but you should know that a neglect of proper treatment has hurt this child's vital organs so that because of the injury she will be shorter lived and more delicate in years to come.

Had the child been treated properly from yesterday she might live, say to the age of 70 years, now she may die before 50. This untreated continuously high fever has done some harm and no power upon earth can undo what it has done."

Some six years ago I was called to a little girl of seven years of age who had experienced high fever for five days without medical help. I saved her with a "broken backed" heart. With careful management she has been gradually "outgrowing" the heart disease. Last fall she had typhoid and it was all I could do to prevent her from reducing my record five per cent for the year's typhoid, which has been no deaths in twenty cases. In this sickness I was called after the fever was three days old, thus the family was slowly gaining in the wisdom that prompts early resort to medical services in fevers.

Therapeutic nihilism is to more or less extent distributed among the laity. It is a pity that physicians afflicted with this psychopathy do not keep their troubles more to themselves. There are quite a few crazy pseudo "medical" journals in the country always on the alert to scatter anti-medical sensationalisms. Probably the quack with his "cure-all" must have his extreme opposite in the shape of the man who repudiates all medication because of incapacity to grasp the meaning of the out croppings of bedrock science over the surface of the medico-surgical world.

Therefore it is not the laity that is all to blame for the murderous "home treatment" that assisted by the quack and the family doctor book kills and maims its millions. On every hand doctors tell their patients what they are giving; thus encouraging them to go to the drug store and buy it next time. If we will read certain "New Thought" journals that are now scattered nearly every where we shall find clippings in them of the last month's Therapeutic Nihilism that has appeared in our medical journals. Because Dr. Jones has denounced antitoxin in the January Medical ———— the reader of March Medical New Thought will not permit us to save his diptheritic child with 2000 units of antitoxin.

NOTES.

Brain weight is greatest from 20 to 40 years of age, receding until lowest at 70 to 90 years. This loss of weight is probably atrophy.

An embryonic nerve cell given increased work more nutrition is demanded, the cell polarizes, develops axon and deudrites thus developing the neuron.

A safe application for tender nipples is bismuth subnitrate and olive oil equal parts.

For sciatica touch toes with fingers, knees extended, or sitting grasp feet with hands, knees being unbent, then flex the knee upon leg.

For tonsillitis blow acetanilid and sodium salycilate equal parts upon tonsil, using powder blower, says E. C. Davis, M. D.

Eye strain may be the cause of epilepsy.

C. E. Boynton, B. S., M. D.
Smithfield, Utah.

A FEW THINGS TO REMEMBER AT THE BEDSIDE.

The use of a catheter in cases of recent parturition may frequently be avoided by a rectal injection of warm water.

Lemon juice will usually control uterine hemorrhages and violent cases of nose bleeding.

In diarrhœa salol controls abdominal pain equally as well as opium. It is almost specific in diarrhœa of typhoid fever.

Application of hot water as hot as can be borne to the feet and back of the neck will usually give relief in headache.

Dr. J. A. Burnett,
Sullivan, Arkansas.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are published in this Department.

ASTHMA.

By R. J. Smith, M. D., Chicago, Ill.

Essentially asthma is due to pneumogastric irritability, the nerve impulses, originating from many causes, producing spasmodic contractions of the inspiratory muscles, and especially those of the smaller bronchi.

It may be due to a pure neurosis, but generally is reflex. Irritation of the nerve filaments by dust, pollen, chemical vapors, may bring on an attack; nasal hypertrophy or hyperesthesia, gastro-intestinal disorders, including constipation and autointoxication, and possibly irritation of hemorrhoids; uterine disease; cardiac disturbances; renal disease, and renal non-elimination, as a source of uricacidemia, all are distinct as causes of the attack, directly or indirectly. That predisposition to asthmatic attacks through heredity is a factor and an important one, is thoroughly proved. Individuals so predisposed are affected by slight causes.

For the attack itself, the spasmodic element, demands glonoin for its quickly-acting antispasmodic effect, atropine to continue this effect, and also cause more lasting derivation of blood to the peripheral vessels, strychnine arsenate to "take up the slack," and morphine hydrobromate for nervous irritability. These may be given together in hypodermic, or by mouth, preferably in hot solution. One granule of each repeated every ten minutes for effect, then increasing the intervals to every half hour or every two hours. To keep up action for a short time.

Hyoscine hydrobromate $\frac{1}{1000}$ grain every ten minutes for several doses will often relieve.

Hyoscyamine $\frac{1}{250}$ grain may be continued at increasing intervals, after the attack has been controlled, for days, for its nerve sedation.

Lobelin $\frac{1}{12}$ grain is useful when secretion is very tough and viscid; scillitin $\frac{1}{67}$ grain liquefies probably more rapidly.

Adrenin may prove of benefit as a vasoconstrictor, improving tone.

Amyl nitrite inhalations sometimes relieves. If the congestive element is pronounced, and fever is present, aconitine $\frac{1}{134}$ grain is indicated.

For the preliminary symptoms, as irritability, nervousness, hyoscyamine $\frac{1}{200}$ grain and cicutine hydrobromate $\frac{1}{67}$ grain will sedate.

In all cases, the underlying cause must be sought for. For constipation, calomel in small doses followed by saline laxative; podophyllin, elaterin, iridin so indicated for deficiency of bile excretion; for non-elimination, colchicine and lithium benzoate, or calcalith will act favorably. The diet should be restricted, and nitrogenous foods lessened in amount. Coffee should be interdicted. The nasal chambers should be thoroughly explored for sources of irritation. Calcidin 1 grain t. i. d., for months is of benefit.

The one drug on which much dependence can be placed is strychnine pushed to full physiological effect and this maintained for a long period.

If the underlying cause be a bronchitis, or a pure neurosis, a dry climate at a considerable altitude, with an outdoor life, will cure.

Systematic deep breathing will assist materially, no matter what form of treatment is adopted.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

RESTRICTION OF MARRIAGE.

A society for the suppression of disease and degeneracy proposes to submit to the present legislature of Iowa a bill prohibiting the issuance of a marriage license, until each party to it shall have procured the certificate of a reputable physician that he has instructed them in the duties and responsibilities of the relation they are about to assume. In the explanation of the proposed measure, as published by the society, occurs this passage: "There is a false modesty that causes the average couple to shrink from the discussion of such subjects during the period of their engagement, and therefore the law should step in. If they are found upon medical examination or upon mutual consideration of their physical condition to be unfitted." * *

A case occurring not long ago in the writer's experience would probably satisfy the demand of "mutual consideration." A young Norwegian presented himself for examination, as he was engaged to be married, but did not think he was just like other men and wanted to know, if he ought to marry. On investigation I found the slightest degree of hypospadias, the urethra opening on the lower surface of the glans, about half an inch below the normal place, indicated by a shallow cleft, the opening of sufficient calibre. I told him that the defect was insignificant and no bar to marriage, and in order to forestall misunderstanding and future unhappiness, advised him to keep still about it, as the young lady would not know better. Thereupon he burst out: "I told her all about it." Tableau! The morality of the parties unquestioned.

Joking aside, there can be no doubt that disease, crime, degeneracy would be checked most effectively, if reproduction by unfit persons could be prevented. Legal enactments would at best be a very imperfect remedy. There is little chance of laws of the kind being passed, until the people have been educated on the question. Thoughtful men and women everywhere recognize it and unite their efforts in the direction. A contribution to the cause of social purity is to be found in a French novel published within the last year, in which the author, Paul Bru, shows the dire possibilities of gonorrhea. The heroine, infected by her husband, who considers himself cured, after prolonged illness, has to undergo an operation which leaves her unsexed. To judge from a short review of the book, it must be quite realistic, but probably not more so, than Ibsen's powerful drama "Ghosts."

A study of the professional secret and marriage by the presiding judge of one of the higher French courts bears on the same topic. He concludes that, for the protection of society, the rigorous French law should be modified so as to allow physicians, if it be demanded by one of the parties to a proposed marriage or others in authority, to disclose such knowledge as they may have gained of the physical fitness of the parties.

The perplexities of the subject were recently brought home to the writer. He was informed by Mrs. A. that her daughter, a healthy girl of about twenty, was soon to be married to a certain

young man. His mother was known to me as a syphilitic, he himself had been treated for stubborn ulcers and abscesses which responded to specific treatment. There was strong temptation to sound a note of warning. But taking into consideration the character of the people and guessing that the marriage ceremony would probably mean a legalization of an accomplished act, nothing was said. The young woman was not long since delivered of a very mature "seven months' babe."

N-RAYS.

Blondlot and afterwards Charpentier, both of the University of Nancy, have described radiant emanations from the animal or human body, named by them N-rays, also known as Blondlot rays. They are the product of physiological activity, principally of muscles and nerve tissues. The idea, that they might be the giving up of sunlight stored up in the body has been disposed of by the fact that they remained undiminished, after the body had been kept in darkness for nine hours. The N-rays are detected by a piece of paper impregnated by a luminous salt being approached to the body when it becomes distinctly fluorescent. In this way, it is claimed, a nerve can be traced in its ramifications, if not overlaid by too much muscle. The heart, owing to its constant activity, can be outlined sharply. Carried along the back the luminous paper marks the location of the spinal cord and at the place where the motor nerves of the arm leave the cord, a brighter flourescence will occur on the side, where the muscles of the arm have been put into activity. The brain, being the greatest mass of nerve tissue, readily affects the luminous paper, and N-rays proceed most markedly from parts in a state of activity, as from the left frontal lobe during speaking, corresponding to the convolutions known to contain the speech centre. Reasoning from these observations Charpentier indulges in the hope, that by these means localization of cerebral functions will become a certainty.

A German scientist, Professor Willibald Nagel, is not very enthusiastic about the N-rays. He asserts that neither he nor other German physicists, trying the same experiments as the French scientists, have been able to discover even a trace of the luminous rays described. Whatever flourescence appears on the luminous plate is, in his opinion, not objective, but subjective, caused by the image of the light falling successively on more or less sensative spots in the retina of the observer. He arraigns the Frenchmen severely for publishing investigations made carelessly and without due precautions against errors.

The force of his criticism, just or unjust, is weakened by the national prejudice apparent in it and entirely unworthy of a name of science. In the matter of premature publications the Germans themselves are not blameless. Some of their most eminent men have been guilty of rushing before the public with discoveries only half discovered, or with imperfect observations which led to disappointments and were not creditable.

The N-rays, if affirmed by other experimenters, will hardly ever have any but a scientific value, as an aid in physiological investigation.

READING ALOUD

Health, London, says editorially: The habit of reading aloud has much to recommend it. As mere exercise it is highly beneficial on account of the strength and vigour which it confers on the chest and lungs, while the mental pleasure to be derived therefrom is one of the most delightful that can adorn the family circle.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

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MEMORY DRILL.

Some years ago school children were given too much memory work, but today the tendency is to the other extreme, with two much practical work, drawing, music and things not nearly as useful as the old rules. President Salisbury, president of the Whitewater State Normal school of Wisconsin, recently said that while formerly the memory was overworked, it is now too much neglected. Recitations are sloppy and inaccurate. He deplored the too prevalent "disparagement of memory," and declared that from six to sixteen years of age the memory is retentive, and learning to spell, committing rules, paradigms and gems of poetry is not drudgery if undertaken at the proper time.

If the children of today were learning some of the old rules they would be better in many ways. A large amount of work is crowded upon school children today which taxes their eyes without improving the memory. Many high school graduates of today are up in drawing, music, French and trigonometry but are woefully lacking in spelling and English grammar and composition. The demand in business offices is for young men and women who can correctly use English and who have good memories; young people having these requirements need not long be idle. When an educator of President Salisbury's large experience and knowledge sounds a note of warning, it should be heeded.

CHARACTER.

At a recent meeting of the school teachers, C. P. Cary, State Superintendent of Schools of Wisconsin, made this statement: "The most important thing in the world is character." This certainly applies to the physician, whose greatest asset is his character. No matter how much skill and knowledge a doctor may possess if he have not a good character he is not a success. Probably there is no other occupation which presents so many temptations as are offered to medical practitioners. When the young physician begins his life career and practice and money are scarce, people appear, with the cash, wishing abortions performed. The young practitioner who can firmly refuse such propositions has an honorable future ahead. The people who succeed in having such work done never respect the doctor who does it and seldom employ him for other work.

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THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Post Check Currency:—If Congress would pass the bill introduced by the Hon. Mr. Gardner, of Michigan, providing a post check currency it would be of great benefit to the people of this country. The bill provides for the issue of paper money of all denominations, including fractional parts of a dollar, with blanks by which the sender can make it of value only to the person to whom it is addressed by filling in the name. On presentation at the post office it would be redeemed by the postmaster by new unfilled out money, the old being returned to the government at Washington for destruction. This would be a great convenience to everyone who wishes to send money by mail. Another important feature is that it would do away with much of dirty, disease laden paper money now in circulation as after being sent through the mail once it would be replaced by new, clean money. Recent bacteriological examinations have shown that paper money is a frequent disseminator of diseases, the small ones especially as they are in constant circulation. We hope to see this bill become a law, which will be a step in the right direction for progress.

This bill, like many other good measures which benefit the masses of the people, will encounter the opposition of moneyed interests. The express companies, with their strong representation in Congress, always effectually oppose anything which will in anyway interfere with their business. If the best interests of the people were served many additions and improvements would be made in the postal service.

Flat Foot.—Flat foot is a condition which frequently causes great distress and is frequently overlooked. Dr. C. C. Miller's article in last month's Recorder, with the original drawings, presented a clear idea of the condition and its treatment. The following article on the treatment of flat foot by Dr. Leonard Gamgee, in the Birmingham (Eng.) Medical Review is of special interest:

In the treatment of the ordinary or static form of flat foot, it must be constantly borne in mind that the primary cause of the condition lies, not in the foot itself, but in the muscles of the calf of the leg. The three chief muscles concerned are the tibialis posticus, the flexor longus hallucis, and the peroneus longus. The first of these, after passing round the back of the internal malleolus, passes under and gives support to the inferior calcaneo-scaphoid ligament, thus aiding that ligament in keeping in position the head of the astragalus, which is the keystone of the longitudinal arch of the foot. The flexor longus hallucis tendon forms the tie-rod to the longitudinal arch; while the peroneus longus tendon, in crossing the sole of the foot from without inwards, is one of the chief forces maintaining the transverse arch. Weakness of these muscles lessens the support given by them to the arches of the foot, and the whole stress of maintaining the arches is thrown upon the ligaments, which stretch, and so the condition of flat foot is caused.

Before actually commencing to treat a case of flat foot, it is necessary to

have information as regards the following points:

1.—The condition of the calf muscles. These will nearly always be found to be weak, soft, and flabby.

2.—The actual condition of the foot itself. It is convenient for the purposes of treatment to divide the cases into three classes:

(a) Those in which there may not be some valgus, but in which the arch can to a large extent be restored and the valgus made to disappear by painless manipulation.

(b) Those in which the valgus is fixed, and can be made to disappear only by tenotomy of the peroneus tendons or by forcible wrenching under an anæsthetic.

(c) Those in which the condition is of such long standing that the neck of the astragalus has become altered in shape so much that the foot cannot be restored to a good position, even under an anæsthetic.

In the first of these classes the treatment to be chiefly relied upon is that directed towards the restoration of tone and strength to the calf muscles. The patient should regularly, twice or three times a day, carry out the following exercises, the shoes, of course, having been removed:

(a) With the toes turned in, the patient raises himself on to tip-toe and then lets the heels drop to the ground again. This should be done quickly and repeated until the muscles of the leg feel tired. The turning in of the toes is essential to its success.

(b) The patient, standing, should raise the inner border of the foot from the ground, till the foot rests on its outer edge. The sole is then brought flat on to the ground again. This also should be done sharply and repeated a number of times.

(c) The patient, sitting with the knees crossed, circumducts the foot from without inwards, sweeping the toes round as wide a circle as possible.

At first the patient finds it possible to continue these exercises for only a few minutes, but the time can generally be lengthened as the muscles become stronger.

Combined with the exercises, massage to the foot and leg should be done daily, and the patient ordered to take a moderate amount of walking exercise, but to avoid long standing.

In incipient cases, these measures are generally sufficient, without recourse being had to any artificial support to the arch in the form of pads or metal soles; but in more severe cases a metal instep arch, properly fitted to the boot, is useful, while in still more severe cases the boot invented by H. O. Thomas is most serviceable, as it both gives support to the arch and corrects the tendency to valgus.

In cases of the second class, in which there is marked valgus, this deformity being irreducible by ordinary manipulation owing to adaptive shortening of the peronei muscles, treatment by exercises and supports should not be commenced till the valgus has been overcome. This may be done in one of two ways:

(1) By tenotomy of the peronei tendons. This certainly overcomes the valgus, but it tends to cause flattening of the transverse arch, and so is not, in the opinion of the writer, to be recommended.

(2) Under an anæsthetic, steady traction is made on the foot in an inward direction. The peronei muscles can be felt to give, the valgus disappears, and the foot can be brought into a position of slight varus. At the same time, the arch can to a large extent be restored. In this position the foot is fixed in a plaster case, extending from the balls of the toes to just below the knee. The case should be kept on for from three to six weeks: and, on its removal, treatment by exercises and mas-

sage as above described must be regularly persevered in, and a Thomas's boot must, for a time, at all events, be worn.

If, however, a flat foot of the first class be regularly and carefully treated, the condition of fixed valgus should not supervene.

In cases of the third class, viz, those in which the neck of the astragalus is so much deformed that the foot cannot be wrenched into a good position, even under an anæsthetic, operation may be necessary. But such cases are seldom met with. On the whole, Ogston's operation is to be recommended. This consists of making an incision on the inner side of the foot over the astragalo-scaphoid joint and stripping off the articular surfaces of the scaphoid and head of the astragalus, sufficient of the astragalus being removed to enable the operator to abolish the valgus and to, as far as possible, restore the arch. With the foot held in this position, two ivory pegs are driven through the scaphoid into the astragalus and the foot put into plaster or fixed on a Cline's splint. The foot, after Ogston's operation, is somewhat devoid of spring, as there is bony ankylosis between the scaphoid and astragalus. However, the most important point is that the foot is serviceable in that the patient can walk and stand without feeling pain.

Earache.—Earache is a condition which every practitioner has frequent occasion to treat. Dr. Geo. B. McAuliffe at the last meeting of the Clinical Society of the New York Polyclinic School and Hospital read the following interesting and suggestive paper on the subject:

He said that the importance of earache as a pathological symptom has grown, pari passu, with the discovery of the multiform sequelae of inflammation of the middle ear. Though nature's danger-signal, it has been too often disregarded by reason of its frequent innocuous occurrence and by reason of the ignorance of the patient and the incapacity of the general practitioner along special lines. The lessons gained from the necroscopic examinations of brain abscesses, sinus thrombosis, and the meningitis have illumined the symptomatology of cases formerly treated for disturbed dentition, worm gastritis, pneumonia, cerebrospinal meningitis and malaria. Many practitioners have acknowledged that in former years cases had been treated by them under one of the above captions which now appeal to them as examples of metastases of aural sepsis.

Earache, a subjective symptom, was discussed as it appears to the general practitioner, who does not differentiate the many pathological processes of which this is the most salient symptom. Earache occurs generally at night. No explanation of this is extant. It is probably explained by the fact that while erect the pharyngeal orifice of the tube is an inch below the tympanic opening. In the recumbent position the tympanic opening is below the pharyngeal, consequently gravitation combined with weakened ciliary action of the tubal mucosa allows infection to enter the tympanium.

Bather's earache comes from the brine which is forced up into the Eustachian tube by swallowing or by clearing the nose after coming out of the water, habits which are universal in bathers. Earache is not caused by water which enters the canal, since the drum is protected by skin which tolerates salt water. An exception to this last statement is found in persons who have a perforation in the drum. The habit of plugging the ear with a cotton protection is fatuous, except in diving.

Earache generally emenates from the nasopharyngeal infection. The importance of keeping down bacterial growth in the nose and throat during infectious

diseases was illustrated by statistics. Seven per cent of measle cases in which the nasopharyngeal cavities were attended to developed otitis media; 16 per cent developed otitis media when no treatment of the nose and throat was instituted.

Adenoids influence earache more by infection from their germ laden follicles than from pressure. Besides, the adenoid tissue in the tube is sympathetically affected in attacks of adenoiditis,—the so-called croyzas of children. Blowing the nose is responsible for many earaches, especially during colds.

The amount of earache is not a guide to the amount of inflammation behind the drum membrane. The pain is felt only when the skin surface of the drumhead, which contains most of the nerves, is pushed out.

General Treatment — Rest in a semi-reclining position on the sound ear, with the face turned to the pillow, to favor venous return and drainage to the throat; abstention from alcohol, tobacco and hot drinks. Tincture of aconite in the case of children one drop every hour, and for adults, aconitia (Duquesnel's). $\frac{1}{500}$ of a grain every hour until the constitutional effect is felt; no opiates; calomel, $\frac{1}{10}$ of a grain, every hour until ten or more doses have been taken. Tincture of pulsatilla, one minim every hour or so, if profuse nasal discharge exists, is useful.

Local Treatment — The instillation of drugs is useless, unless when glycerine causes exosmosis or the pressure of the drops supports the bulging drum. Applications of cocain and of adrenalin to the pharyngeal mouth of the tube relieves; dry heat, hot douches, refrigeration by ice-bag or Leiter coil for 24 to 48 hours, are beneficial, sometimes curative.

The question of incision of the drumhead was discussed from a conservative and from a radical standpoint. The writer was radical in his views because of the lack of proportion between the earache and the casual infection. He was not inclined to believe that it aborts mastoiditis. As many cases of mastoiditis occur now as in the days of conservatism. The incision in the drum should begin below, because the drumhead slopes downward and inward, and because the drumhead is less sensitive below than above. Pressure should not be exerted by the knife, since the pain of cutting results as much from tactile sensibility as from solution of continuity.

Local anesthetics are disappointing. General anethesia or anesthesia gained from compression of the carotids (Javanese method) are reliable. The after treatment of the incision should be that prescribed by general surgery.

In conclusion the writer mentioned preventative treatment. Preventative treatment aims to diminish infection in the nose and throat during the course of infectious diseases by sprays of antiseptic oils or by applications; to treat colds in children more rigorously; to remove adenoids and a catarrhal dyscrasia by appropriate local surgeory and general medical means: to interdict forcible blowing of the nose, especially during a cold; to keep the head high in children whose ears are likely to be affected; to examine frequently the ears of children who have obscure diseases or who have symptoms unusual to the disease in hand. Aural diseases may exist and the child may not appear to have earache and not know how to express or to localize pain.

Statistics show that acute otitis media is more often thought to be pneumonia than any other condition. They also show that one-third or one-half of the babies with disturbances of nutrition develop middle-ear inflammation. Therefore the ears should be examined as a routine procedure.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index, 1904. Twenty-second Year. Pages 770. Illustrated. Extra Cloth, $3.00. E. B. Treat & Co., 241-243 West 23rd St., New York.

This book is welcomed by a large number of physicians every year and this year's volume maintains the high standard of excellence of the publication.

The first section of the book is the dictionary of materia medica and therapeutics, edited by Prof. Ralph Stockman and Dr. Frank J. Charteris, of Glasgow University. A review is given of the year's progress in therapeutic agents, arranged in dictionary form under the names of drugs, with clinical indications for their use. Several of the pages are devoted to the consideration of serum therapy. Radio-activity and electro-therapeutics is the title of an article by Dr. John MacIntyre, who gives the latest developments in the use of electricity; radium, the light treatment and red light are all well presented.

The second part of the work is the dictionary of treatment, medical and surgical. It is an index of diseases, containing the most recent advances in knowldge, especial attention being devoted to diagnosis and treatment. This part opens with a brief critical review of the year's work.

The third section gives a resume of progress in sanitary science by Dr. Joseph Priestley, of London.

A new and valuable feature in this year's volume is the introduction of fifteen full page plates called stereograms, on the surgical anatomy of the ear. During the past few years the mastoid operation has been much more commonly done for suppurative conditions, hence there is more interest in the anatomy of the ear. These stereograms are by Dr. James Kerr Love, who contributes the article on Ear Diseases. Another important feature is a series of plates showing the nature and distribution of the eruption in measles, scarlet fever, small pox, varicella, typhoid and typhus fever. Dr. H. W. Allingham writes on "Rectal Diseases," Dr. Boardman Reed on "Digestive Disorders", Dr. Wm. Murrell on "Banti's Disease." These are only a few of the special features of the work. Every department of medicine and surgery is represented by a capable writer.

The book is elegantly illustrated with thirty-four plates, colored and halftone, and thirty-eight figures. We commend the work for its convenience, conciseness and clearness. It is a work to be frequently used for reference on account of its value and its dictionary arrangement.

SUBJECTIVE SENSATIONS OF SIGHT AND SOUND, ABIOTROPHY AND OTHER LECTURES. By Sir William Gowers, M. D., F. R. C. P., F. R. S., Hon. Fellow R. Coll. Phys. Ireland, member of the Soc. Medicins Russess of St. Petersburg and the Royal Soc. of Science of Upala, etc., etc. Pages 250. Cloth. Illustrated. P. Blakiston's Son & Co., Philadelphia.

In this book, the eminent neurologist, Sir William Gowers, gives us ten lectures which he has delivered at various times upon subjects which he says: "The main facts are well known to the leaders of the profession, but the rank

and file are woefully lacking in a general knowledge of the detail connected therewith." In addition to the subjects named in the title of the book are the following: Myopathy and a Distal Form, Metallic Poisoning, Syphilitic Diseases of the Nervous System, Inevitable Failure, Syringal Hemorrhage into the Spinal Cord, Myasthenia and Opthalmoplegia, The Use of Drugs. The lecture on syphilis of the nervous system is especially practical and presents a volume of knowledge in a few pages. These lectures call attention to well known facts, present new ideas of the author's and inspire the reader to observe and record many useful things.

The book is one which makes the reader think and any work which quickens the reasoning faculties is worthy a thorough perusal. The information it contains is worth acquiring and the observation that will follow will be of value.

The work contains many suggestions for investigation, numerous helpful hints and much food for thought. We recommend it to every doctor; it is good reading and will prove helpful.

Biographic Clinics. Vol. II. The Origin of the Ill Health of George Eliot, George Henry Lewes, Wagner, Parkman, Jane Welch Carlyle, Spencer, Whittier, Margaret Fuller Ossoli and Nietzsche. By George M. Gould, M. D., Author of "An Illustrated Dictionary of Medicine, Biology, etc.," etc. Pages 392. Cloth. Gilt Top. Price $1.00. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

In his "Biographic Clinics" Dr. Gould has opened a new and important field of study and investigation. He has made a careful study of the lives and ills of fourteen eminent people, who lived in the last century. In the first volume he presents the sketches of DeQuincey, Carlyle, Darwin, Huxley and Browning. This volume we reviewed in the Recorder at the time it was published. The first volume did not receive the favorable comments from reviewers which the book warranted. This was probably due to lack of careful consideration of the value of the book and prejudice against Dr. Gould on account of some of the caustic things he knows so well how to say in his own journal. While we do not admire Dr. Gould as a medical journal editor, yet we must say, based on our own experience, that these "Biographic Clinics" are very important books. They should be carefully read and considered by the profession and the result will be a great benefit to the profession and mankind.

The opening chapter of this volume, "Eyestrain and the Literary Life" explains the importance of eyestrain in causing various troubles in literary people and also in other occupations.

The study of the nine biographic sketches shows a striking similarity in their complaints of ill-health, headaches and other phenomena which the author attributes to eyestrain. The concluding chapter "Eyestrain and Civilization" shows the great importance to the civilized world of proper attention to eyestrain. The book is written in an entertaining and forceful style, showing the author's earnestness. The work is one which every physician can read with benefit.

General Surgery. Edited by John B. Murphy, M. D., Professor of Surgery, Northwestern University Medical School. Vol. II. The Practical Medicine Series of Year Books. Under the General Editorial Charge of Gustavus P. Head, M. D. Pages 556. Cloth. Illustrated. Price

$1.50. The Year Book Publishers, 40 Dearborn St., Chicago.

This book presents a good review of a year's work in surgery. The first thirty pages are devoted to anesthesia, then considerable space is given to operative technic. The surgery of the stomach is considered at some length and the favorable results in operations with the hopeful reports of the surgeons seem to indicate that the stomach will frequently be the field of the surgeon. A good resume is given of operations on the prostate. The work of the editor is well balanced, all departments of surgery receiving attention. Dr. Murphy's own extensive experience enables him to cull good articles from the world's surgical literature and comment upon them.

The book contains 75 illustrations and is well printed and neatly bound. The ten year boooks of this set are furnished at the low price of $5.50 in advance. One volume is issued each month.

Pain and Its Indications. An Analytical Outline of Diagnosis and Treatment. By Edward C. Hill, M. S., M. D., Professor of Chemistry and Toxicology, Denver and Gross Medical College, Attending Physician to St. Anthony's Hospital, etc. Pages 321. Cloth. Price $1.00. G. P. Engelhard & Co., Chicago.

Pain brings us most of our patients, so to understand the cause of pain and to know how to relieve it is the great work of the physician. The object of the book is to present a classified compend on the cause and relief of pain, which to the patient is the most important thing.

Dr. Hill has written what may be considered an "encyclopedia of pain," enabling the physician to trace this symptom to its origin and then suggesting the indicated remedy or remedies. This work has been carefully classified, so as to present the facts in the most available form for the physician's use. It will be found a valuable work of reference and an indispensable vade mecum in the treatment of this symptom. The book abounds in valuable prescriptions, garnered from many sources.

Treatment, as a matter of fact, occupies a very important part, it being the object of the author to point out the indications through which the cause of each and every pain can be reached, so as to effect a cure when possible, as well as to indicate the remedies of most value in each individual case, to be used for the purpose of giving relief.

Dr. Hill has a reputation for classifying much knowledge in a small space and this book maintains the reputation. The book is very nicely printed and is prettily bound in red cloth with gilt top.

The Perpetual Visiting and Pocket Reference Book. Including Information in Emergencies from Standard Authors, also the following comprehensive contents: Table of Signs and how to keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes Dose Table, Blank leaves for Weekly Visiting List, Memorandum, Nurses Addresses, Clinical Record, Birth Record, Vaccination Record, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendars for 1904 and 1905. Bound in Morocco, Red edges. Pages 124. The Dios Chemical Company, 2940 Locust street, St. Louis, Mo.

This is one of the neatest and most complete Visiting Lists offered to the profession. The Dios Chemical Company propose to furnish a limited num-

ber of this unexcelled visiting list to the profession absolutely free, except cost of mailing. The doctor will readily recognize that the Dios Company is saving no expense in keeping its name prominently before the profession, for whom it manufactures products, of more than ordinary merit, exclusively for the physician to prescribe. Those of our readers who desire this complete visiting list, can have same by enclosing 10 cents stamps for postage to the Dios Chemical Company, St. Louis, Mo.

BOOK NOTES

Dr. C. C. Miller's article in the May Recorder will be "Paralytic Talipes" with original illustrations.

When sending in your subscription to the Recorder be sure to write your name and address very distinctly.

For the present, we give one thousand premium labels with each subscription to the Recorder, new and renewal.

P. Blakiston's Son & Co., of Philadelphia, sold last year 15,487 copies of Gould's Medical Dictionaries, making the total sales 166,083.

The Recorder will be profusely illustrated all this year. We find that our readers appreciate the original drawings we are publishing.

G. P. Engelhard & Co., of Chicago, have just issued "Commoner Diseases of the Eye," by Drs. Casey Wood and T. A. Woodruff. It will be noticed in the May Recorder.

Dr. Thos. H. Manley, of New York, has sent us a valuable article for publication in the May Recorder entitled "Delay in Intervention After Mangling of a Limb and Substitutes for Amputation."

F. A. Davis Company, of Philadelphia, has just published a volume of over 400 pages on "Clinical Microscopy and Chemistry," by Prof. Hermann Lenhartz, of Hamburg, translated and edited by Prof. Henry T. Brooks, of New York. The book will be reviewed in our next issue.

The May number of the Metropolitan magazine will be a great war number. It will contain a close personal study of the Emperor of Japan by one who knows him intimately. Some of the contributors to this special number will be Hon. Andrew D. White, Major G. Creighton Webb, Julian Hawthorne, J. J. Bell, Stephen Bonsal.

The Optical Journal is now both a weekly newspaper and an illustrated monthly magazine. It is issued every week, the first issue of each month is the magazine number containing twice the number of pages of the weekly issue and many illustrations. Everyone who does any refraction work will find the Optical Journal instructive and interesting.

Some of the articles in Suggestion for April are: Think, by Charles Brodie Patterson; Optimism and Auto-Suggestion, by Herbert A. Parkyn, M. D.; Mental Atmospheres, by Rev. Henry Frank; Radiant Energy, by Prof. Edgar L. Larkin; Electrical Basis of Life, by Prof. Elmer Gates; The Man Who Dares, by Charles Sumner; The Psychology of Suggestion, by W. R. C. Latson, M. D.; Psycho-Therapy, by Sheldon Leavitt, M. D. Recorder readers may obtain a sample of Suggestion by addressing, 4074 Drexel Boulevard, Chicago.

The April number of Everybody's Magazine opens with an article on "The Greatest World's Fair," and the two men most able to do the subject justice have treated it. David R. Francis, president of the Exposition Company,

furnishes the text, and Vernon Howe Bailey, the distinguished young artist, has done the illustrations. Dr. Newell Dwight Hillis contributes a most important article on the subject of "Consolidating the Churches." This is in advocacy of applying the trust idea to the denominations, and is about as radical and revolutionary a project as Christianity has had before it in generations. Another instance of good editing is a character-study of Arthur Pue Gorman, by E. M. Kingsbury. It may be added that the fiction in this number is capital, especially the pampas story by William Bulfin.

In the Metropolitan Magazine for April, W. A. Frazer contributes another of his fascinating "Evenings at the Zoo." Other leading articles are: A judicious review of the comedies of the current theatrical season, by John Kendrick Bangs, illustrated with fifteen portraits, mostly full-page; an authoritative paper on the horsewomen and "whips" of the so-called "smart set"; and "Japanese by Word o' Mouth," describing how in Japan the professional story-teller performs the function of the American newspaper. A cover in colors by Paul Helleu, the famous French portraitist, and a frontispiece in facsimile of a charming water-color drawing by Blendon Campbell, are two attractions which, of themselves, make the number not only worth buying but worth keeping as well. In all there are 160 pages of reading, 25 separate articles, and nearly 100 illustrations.

The busy doctor needs just such mental recreation as Lippincott's magazine affords. It gives wholesome entertainment. The complete novel in the April number is "Incognito" by Helen Sherman Griffith. Worthy of special mention among the short stories of this number is "The Feast of Locusts" by Ella Middleton Tybout, whose negro dialect stories are always so enjoyable. J. J. Bell contributes another "Wee MacGreegor" story, which those enjoying Scotch stories will like. The articles of the number are: "The Woman Question in Utopia" by Elizabeth Robins Pennell; "With W. B. Yates in the Woods of Coole," by Cornelius Weygandt; "Personal Characteristics of Emilia Castelar" by Theodore Stanton; "Walnuts and Wine," is filled with short things full of life. The subscription price of Lippincott's is $2.50 per year. For $2.65 we send both Lippincott's and the Recorder one year and one thousand premium labels.

McClure's for April is fairly stunning in its effect. The first of a series of articles on "The Enemies of the Republic," by Lincoln Steffens, which will consider the misgovernment of states, takes up Missouri and gives the reader a shock he will not soon forget. It is almost paralyzing in its relentless array of fact and logic concerning corruption as a custom, a system, a revolution in government. It is the bribe-giver, not the bribe-taker, who is really responsible for the bad government, Mr. Steffens points out. The successful business man, the captain of industry is the man to catch, and Mr. Steffens proceeds to catch him. In graphic, fearless words he tells the story of corruption's work and rule in Missouri, of the barter of public interest to the great trusts by the people's servants, of the big business men who buy and politicians who sell a people's rights, their very government itself. Mr. Steffens' article is more than startling, it is staggering in its frank uncovering of the plain but alarming truth. Other strong articles are: Thomas Nelson Page's second paper on the Negro Problem; John LaFarge's third paper on "One Hundred Masterpieces of Painting"; and Miss Tarbell's History of the Standard Oil Company.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

CHRONIC NASAL CATARRH—A SIMPLE AND EFFECTIVE TREATMENT.

By G. A. Gilbert, M. D., Danbury, Connecticut.

We feel inclined to report this case here not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual measures had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his everyday work.

Lena D., a young miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen.

At the age of 12, the characteristic thick, indistinct speech and stertorous breathing of the catarrhal subject became manifest, while at the same time, the plugging of the pharyngeal opening of the eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches with the modern germicidal solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these gave temporary relief. It was apparent that only the membranous surface was thus freed of its obnoxious discharges and not the deeper sub-mucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges and it became self-evident that some more active method of treatment must be adopted.

In dental surgery, it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothris buccalis, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidizing agent upon which its disinfectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions and weak acids which form in the mouth.

Were the foregoing all that is required of an antispetic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should also be removed. Recognizing the force of the suggestion recently made by scientific investigation, i. e., that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind glyco-thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent watery solution (warm) of glyco-thymoline was made by me and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was turned up at the end so that when introduced well into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength), with the K. & O. douche. At the same time an ounce of a 50 per cent solution of glyco-thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby congested tonsils.

The outcome of this simple plan of treatment soon made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient who for the first time in several years experienced the sensation of possessing a clean, sweet mouth.

The hypertrophied membrane grew almost normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural and at the end of three months we had accomplished a speedy and perfect cure.

TREATMENT OF URETHRITIS AND CYSTITIS.

Stephen L. Reid says the aim in these cases is to render the urine bland and unirritating; succeeding in this we next seek to apply the medicament directly to the affected part. The first is accomplished in a measure by placing the patient on a light digestible diet, no spirits or condiments and large quantities of soft water. The second is harder. In applying remedies to the affected part we risk setting up further irritation by the mode of application or the strength of the remedy; administering drugs by the mouth we risk the chemical changes all drugs or food taken into the stomach undergo and although an analysis of the urine may show a portion of the drug recovered unchanged, can we be certain of its therapeutic action, and may not its passage through the system, failing to change its form, have rendered it inert? In the treatment of these cases he has used different methods always including irrigation. Two years ago his attention was directed to cystogen, and since the first trial he has continued using it. In a report of nine cases treated with cystogen he used no irrigation. It is claimed for cystogen that pus formation is prevented, deposits of urates dissolved as well as phosphates and oxalates; it stops ammoniacal fermentation and inhibits the growth of bacteria. The author also found cystogen very effective in gonorrhœa of ten years' standing and still uncured when seen. The urine contained pus, gonococci and blood. Sounds were discontinued for a time, the patient placed on proper diet and cystogen administered, five grains four times daily. In ten days the morbid products in the urine had disappeared and treatment of a stricture two inches from the meatus was commenced. Case two, patient complained of a dull aching pain about

neck of the bladder and inability to completely empty the bladder. The urine contained pus, bacteria and blood corpuscles; urine fetid and ammoniacal odor. Put on cystogen, five grains four times daily. In a week the prominent symptoms had almost subsided, the urine lost its offensive odor and the bacteria disappeared. Treatment continued with ultimate recovery. Case three, was one of nephritis and the usual treatment was supplemented by the addition of cystogen, five grains four times a day. The pus soon disappeared and the albumen diminished in quantity. Cases four and five were similar in character, both being women and presenting symptoms of violent pains in the loins, fainting, nausea and vomiting, rapid pulse, great thirst; passed urine frequently. Morphia was administered until the acute symptoms subsided and then cystogen was given four times daily. In nineteen days the first case had passed a teaspoonful of gritty sand and on the twenty-third day a much worn stone the size of a cherry pit. In the other case during a period of fifty-three days the patient passed nineteen concretions ranging in size from a pinhead to a buckshot and a quantity of gritty sand. Cystogen was the only preparation used except morphia and saline cathartics. In the other cases reported by this author the results were equally good.—Medical Examiner and Practitioner, November, 1903.

MUSCULAR SORENESS AND RHEUMATISM DUE TO GRIP.

In speaking of the treatment of articular rheumatism, Hobart A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College and editor of the Therapeutic Gazette, says: "Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt, quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttmann show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies, antikamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the last edition of his Practical Therapeutics says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttmann are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "antikamnia and salol tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions and particularly in that condition of muscular soreness which accompanies and follows the grip. The Antikamnia Chemical Company, St. Louis, Mo., will send samples to physicians on application. Please mention this journal.

BIOLOGIC LABORATORIES.

Yesterday was an unusually strenuous day at the Stearns laboratories, for it was the wooden anniversary of the biological department, which was established April 7, 1899, and several

hundred Detroit physicians were the guests at the celebration. Open house was kept all day and there was an almost uninterrupted stream of visitors in responses to the unique wooden invitations sent out a week before. All classes were represented, from gray-haired surgeons and specialists of more than national fame to young prospective graduates of 1904, including, of course, a fair proportion of ladies.

The regular work of the department was carried on as usual, affording the visitors an opportunity to see in actual operation all the processes used in the production of diphtheria antitoxin, streptolytic serum and glycerinated vaccine. Perhaps nothing caught their fancy more than the modern operating rooms, rivalling those of first-class hospitals, for most physicians are great sticklers for asepsis, knowing its importance. They admired the extensive brick stables, where every provision is made for the care and comfort of 120 horses yielding life-saving serums. From this also was gained an idea of the development of the business, which five years ago was started with but three horses. There were many expressions of gratification at the abundant evidences of the care with which every step is safeguarded in the manufacture of serums and vaccine.

A buffet luncheon was served in the travelers' annex, and wooden souvenirs were distributed.—Detroit Free Press.

PASSIFLORA.

Dr. A. S. Tucker of Atlanta, Ga; says: "I have been using Daniel's concl. tinct. passiflora in my practice for several years, and have found it superior to all other remedies in the treatment of nervous diseases. Only a few weeks ago, a young man came into my office, who was suffering with a nervous break-down. Over-work, combined with dissipation—the old story of burning the candle at both ends—had brought him to a condition bordering on hysteria. He could not sleep at night, and would jump at the slightest noise. I advised him to rest, and prescribed passiflora in teaspoonful doses. In ten days he had recovered his equilibrium, had gained several pounds, enjoyed a splendid appetite, and in every respect had undergone a remarkable change. I want to recommend passiflora to my fellow practitioners.

Dr. W. D. Huntington, Oakland, Cal., reports a gratifying result with R. H. lymph compound in a traumatic cord disease. Patient was unable to walk except with the greatest difficulty and suffered constant pain in the lower extremities. These symptoms came on three years ago following an injury to the spine. After several months' treatment with the lymph the pains have entirely disappeared and the patient is now able to take long walks without inconvenience.

The ancestral foundation of all the liquid antiseptics before the medical profession is listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated upon its success.—Editorial foot-note from the December (1903) Alkaloidal Clinic.

Have you bound last year's Recorders? If not better send the year's numbers and 65 cents and we will return you by prepaid express the volume in black cloth and leather. No charge for any missing numbers which we can supply.

BRIEF MENTION.

Gratitude is the rosemary of the heart. "Titian".

Progressive surgeons use ambulatory pneumatic splints because they give good results.

The Butler Positive Treatment Co., San Diego, Cal., will tell you how they cure tuberculosis.

The Aphrodisiac compound made by Dr. Wm. Mann, Evanston, Ill., is a reliable preparation.

Keep your knives sharp. The dry hone, made by E. A. Harrington, Waukesha, Wis., will do it.

A fine remedy in constipation is the pill cascara compound made by A. H. Robins, Richmond, Va. Samples free.

Write Stearns & White Co., 187 Chestnut St., Chicago, for their catalogue and all the pointers they can give you.

Huston Bros., 113 Adams St., Chicago, make a iull line of reliable electrical apparatus and surgical instruments.

Natro-phen is useful in treating rheumatism and neuralgia. It is made by the Natro-Phen Chemical Co., New Albany, Ind.

The Golden Cross Eye, Ear, Nose and Throat College, Chicago, teaches optics. A sample lesson of their correspondence course sent free.

The Van-Ness Cooper Co., 244 W. 23d St. New York, makes a line of valuable preparations. Catalogue sent on application.

Edward Pennock, 3600 Woodland Ave., Philadelphia, sells an oil immersion lens for $25.00. A good oil-immersion lens has never before been offered at so low a price.

Fitchmul is a valuable remedy in chronic bronchitis. The Fitchmul Company, Concord, N. H., will send you free sample and clinical reports.

If you want sign letters for your office window or any kind of a good sign, write to Geo. Steere, 256 Clark St., Chicago. He is a sign specialist.

Stypotgenic crayons are worth investigating, as they are valuable therapeutic agents. The Styptogenic Mfg. Co., Rutherford, N. J., will send samples free.

If you are not familiar with phenadul better send to-day to the Andrew Chemical Co., 6 Merrimac St., Boston, for a sample and full information regarding it.

Experts in the treatment of gastric disorders use chloropepsoid. It is one of the agents which gives them success. The Mueller Chimecal Co., Lima, O., will tell you all about it.

Triacol is a remedy to be depended upon as it will do the work you expect it to. If you are not using it write to-

day to the Alpers Chemical Co., 4 and 6 White St., New York, for a sample.

Uriseptin is a lithia salt of formaldehyde dissolved in aqueous extract of corn silk and couch grass. A glance at the formula explains the great success of the remedy in genito-urinary diseases.

Battle & Co., St. Louis, have just issued the first of a series of twelve plates on the intestinal parasites. This one shows the tenia saginata and has an interesting description of it. These plates are sent free to physicians.

Gude's pepto-mangan has always been placed on the pharmaceutical market in the most ethical manner by M. J. Breitenbach Co. It has always been sold through physicians' prescriptions and has never been advertised to the public in any way.

Several hundred doctors see the Recorder for the first time with this issue. We know a goodly number will wish to subscribe. The advertisement in this number, of the U. S. and Canada Mercantile Agency tells how you can get the Recorder free for one year with the thousand premium labels.

In cases of "nervousness," sleeplessness," "slow convalescence" from tedious illness, etc., the spinal brush made by the Spinal Brush Co., 1135 Broadway, will be found of value while it promotes the circulation of the blood, produces a feeling of exuberance, contentment and elasticity of body and mind which is very satisfactory to the patient and gratifying to the medical attendant.

Formaldehyde enters into the composition of several efficient urinary antiseptics which are being much used. It is well to bear this in mind when making urine tests as formaldehyde entirely changes the results of uranalysis. It may produce a result like albumen when there is no albumen or when albumen is present a proper reaction may not occur. In uranalysis it is wise to determine whether or not the patient has been taking any formaldehyde preparation.

N. C. Vaughan, M. D., of Cincinnati, O., graduate Howard University, Washington, D. C., 1896, member National Association Colored Physicians and Surgeons, member Ohio State Medical Society, member Cincinnati Academy of Medicine, writing, says: "I most cheerfully recommend sanmetto for prostatic and bladder troubles. It makes peace with the stomach, is readily assimilated, has special affinity for the urinary tract, healing and giving tone to the diseased parts."

According to Dr. Milner Fothergill, of London, deficient energy in the assimilative processes is a marked characteristic of children of the present day. The consequence is that tissue-nutrition is impaired, and there results wasting (muscular malnutrition), rickets (bone-malnutrition), and mental backwardness (brain-malnutrition). Muscular wasting, or marasmus, is exceedingly common, and is strikingly in need of a general tonic which should also contain iron, manganese, lime, and potash. Fellows' hypophosphites is therefore of obvious service. Conjoined with a good dietary, and amid favorable surroundings, the syrup will work wonders in placing the nutritive functions upon a sound physiologic working basis.

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LEADING ORIGINAL ARTICLES.

DELAY IN INTERVENTION AFTER MANGLING OF A LIMB —SUBSTITUTES FOR AMPUTATION.

By Thomas H. Manley, M. D., Ph. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

We will admit, that with the moral side of this question, we are not specially concerned, the limitations of our province, restrict us to endeavoring to save our patient's life, or his limb. Yet it seems to me that should it be proven that by delay, though more limbs may be spared, the mortality is raised, that would be to me no argument in support of primary amputations, for the reason, that one who has lost a limb is always an imperfect man; physically, he is generally an object of commiseration and pity, and with many of such poor helpless cripples, life is not worth living. If one such poor mortal is sacrificed, in striving to spare the limbs of others, after all, is the loss a great one?

The performance of an amputation is always a sensational affair; the interne fresh from the hospital may boast that among the many operations transferred to him, he had an "amputation." But, if merit were always righteously bestowed, more praise should be given to him who saves one limb, than to another, who may amputate a score.

In all cases of extensive mutilation of a limb by railroad accident the whole body sustains more or less shock, and occasionally, internal injury is super added. In this complex, grave class of cases, tending to a mortal termination, to superadd the shock of an immediate amputation, would be a serious mistake.

After the application of dressings, we will turn our attention to our patient, administer stimulants, place him in a comfortable bed, in a quiet room, and wait for the recuperation of the vital powers; determine the conditions of the organs and his general state. If he fail to react and portentious changes set in, depending on central lesions, it is better that he die with his limbs on.

While on the contrary, with the restoration of organic functions, the return of strength and improved nutrition, if a severance be imperative, now the constitution has recovered its equilibrium and our interference is quite devoid of the danger, which, but so lately menaced him.

Enough has been accomplished at our primary dressing if we remove all the loose detached fragments of bone, with all foreign substances, effect complete hemostasis, thoroughly irrigate and cleanse the mutilated parts, apply appropriate dressings, place the limb in a comfortable posture and apply heat.

Resection of bone within the past twenty-five years has been employed on a large scale and with a remarkable degree of success, as a substitute for many amputations, in both pathological and traumatic conditions.

When a mutilation involves an articulation, when, the synovial membrane, capsule, cartilage and cancellous heads of the bones are extensively disorganized in certain joints, when the circulatory apparatus is intact and the distal organs are amply nourished, we should rather, than for a moment, entertain a thought of amputation, proceed to endeavor to accomplish one or two things; first re-adjust the fragments and secure anchylosis in the best possible position for the future utility of the limb; or failing in this, a partial or total resection of the shattered fragments should be made; subperiosteally, always in the young, if possible; and under all circumstances preserving the insertion of the tendons.

In lesions of the bones extrinsic to the joints, such fragments as are detached completely, may be removed and as much resection made of the spiculated ends of the bones, as will permit of an easy apposition of them.

Ebonation or dissossement judiciously utilized is a procedure of immense value and a precious boon in many cases of crushing traumatisms of a limb; by its adoption, detached fragments of tissues may be utilized and when a severance must be resorted to, its extent may be greatly reduced. Its great forte, is in mangling lesions of the hand or foot. When a limb has been torn or ground off, close to a joint, we are sometimes confronted with a serious problem. When the bones have escaped extensive disorganization, but such an area of integument has been destroyed, that perchance, we must amputate, in order to secure enough of it to cover in the denuded bone, here ebonation may serve us a most useful purpose.

Osteoplasty, autogenous and homogenous, is of infinite value, as an aid in obviating the necessity of amputating. In osseous traumatisms its sphere of application is very large. Through its intelligent employment, joints may be spared, and, in young, healthy, subjects, shafts may be restored. With those, whose practice brings them in frequent contact with traumatisms of the limb a practical knowledge of this conservative procedure, will enable them to obviate deformity,—accelerate and perfect processes of repair and spare parts, that without it, must be sacrificed.

There is no proof, that delay in amputations adds to the dangers of infection, to tetanus, erysipelas, or gangrene. Of tetanus, I have never seen a single case, since primary amputations were discontinued in my own service. There is little danger of the wound being infected, when proper aseptic precautions are observed, or more suppuration succeeding than is necessary, to aid in the eliminative processes of repair.

If the vascular supply is cut off, necrosis of the tissues, in the course of putrefaction or decomposition of the dead part, must necessarily follow; but that mortification or gangrene will occur, through moderate delay, in healthy tissues, after injury is not proven. Notwithstanding that the above will hold as a general rule, in the dissipated, the impoverished or the diabetic sometimes after a trifling injury of a finger or a toe, gangrene will often spread with fearful rapidity towards the body and imperil the whole limb,

if not abruptly arrested by an early amputation. This, however, is an exception to the rule, and is seen only in those of disordered health.

By dispensing with primary amputations we may at least, in fatal cases, have the satisfaction of knowing that our interference in no manner contributed towards the disastrous ending of the case. We are permitted ample time, for making all necessary provisions, as to deliberately deciding on the most rational course to pursue, prepare ourselves, provide assistants, and leave nothing undone, that may lead to a successful issue of the case.

The current practice of immediately immobilizing a fractured bone; or when badly smashed, at once dealing with it by radical measures, is based on an erroneous view of reparative processes, and in consequence in many cases, works incalculable harm. As a matter of fact in all serious fractures, the general system has sustained marked shock. The circulation is feeble, digestion is diminished and restorative changes are in abeyance.

We might say, that a limb could be, under certain circumstances preserved, but deformity would follow, that the limb would be far from perfect. Let it be remembered, however, that though permanent anchylosis follow, that the muscles are wasted, yet the limb will be a support; and this is a thousand times more preferable, than no limb at all, and for locomotion and support, is far superior to any artificial limb, however elaborate, or expensively constructed. Let it be further not forgotten, that no surgeon however adept or experienced he may be, can always or ever promise before amputation, to give his patient a useful stump. As a matter of fact most stumps remain sensitive and can bear no pressure; not a few ultimately take on ulceration in the cicatrix, or necrosis in the osseous end of the stump, later requiring consecutive amputation. The matter of the poor cripple supplying himself with a useful artificial limb, for the remainder of his life is a serious affair. Most apparatuses are very expensive, they need almost constant repairing, they need renewing, the cost is so great, and the earning capacity of the man, now so reduced that he rarely is able to provide a new one, without the assistance of friends or the community.

If we exert ourselves to our utmost in trying to save these members of support and locomotion of the body, the lower extremities, we should strain our efforts all the more in extensive disorganization of the hands and arms. For the lower extremity we may substitute an artificial support with considerable success, but when the fingers, hand or fore-arm are gone, the best devised prosthetical appliance, except for cosmetic purposes, is practically of no value at all. Repair in the upper extremity is rapid, the patient is not confined to bed; every bone and every joint in this situation represents a very high value. Therefore, in every instance, unless there be quite absolute avulsion, and we are assured that the vascular supply is totally destroyed, we should give our patient the benefit of the doubt, the mangled parts should be aseptically dressed, comfortably adjusted and we should wait for full reaction.

What shall we do when a limb traumatically severed, is so crushed through that the parts hang together by only a few shreds of integuments by tendon or ligaments, and the circulation in the distal parts has permanently ceased? We certainly cannot well amputate, at the point of injury, for that has been accomplished, by the crushing force, but we may detach the mangled parts by snipping them off. Shall we now go on and perform a primary amputation, superadd another amputation, by carrying the amputating knife and saw,

through healthy tissues, higher up and at once cover in the nude ends of the bones?

A recent able writer of very extensive experience in amputations, while generally admitting, that on the whole, it is better to wait from twenty-four to forty hours, or more, until full reaction is established, still, rather insistently declares, "that when the indications for amputation are clear, he knows of no reason for waiting."

Now if the writer includes this type of traumatic amputations among the class in which a formal primary severance is called for, then I must take decided issue with him, for the question which now confronts the surgeon is, not, how shall we perform the amputation,—for any tyro can do this,—but rather, how we can obviate it; for the fundamental principles which should govern us in traumatic amputations is to spare every possible mite of tissue, that can be later utilized in the healing process. In other words, no amputation of any description should in this instance, be considered at all, as a primary measure.

It will be enough, when time has marked off, for us, the defunct tissues, to resect enough bone to allow the soft parts to fall in and close over the stump; or if perchance, the integument has sloughed far up, do a consecutive amputation. One might object to this line of practice, that it entailed a very tedious course of treatment; that we are told, that in the leg, the cutting away of one or more inches, is of little consequence; but, practically we as surgeons know that these notions of the prosthetician are based on false premises, that the nearer we approach the trunk the greater is the danger, in all amputations. When a limb is crushed off close to a joint extreme conservatism is of vital importance. At the knee-joint or at the elbow, the preservation of even one-half of an inch of integument may often enable us to spare an articulation, whereby a member may be saved, to that a highly useful substitute may be attached.

All moved by human impulse must admit that it is a most deplorable and wanton mistake to needlessly deprive a man of the use of his limbs, or a part of one; for a sacrifice has been made, which no amount of financial reimbursement can ever adequately compensate for, and no degree of art can restore. Ill-timed action, a want of a practical knowledge of traumatic surgery, of experience, and the latest and most appropriate conservative measures may lead us to the commission of such serious and reprehensible errors, as may lead to destructive practice. But it may be alleged, that even with our best skill and directed efforts to preserve, a limb may occasionally be lost, which is true, but this result, bad as it is, is no worse than the former, and even though a life may be lost, through extreme conservatism, it seems to me an open question, whether, when great sufferings are endured, it is not excusable on the part of surgeon, whose only aim was to preserve.

But let no one lose sight of the fact, that there is always danger in amputations, per se; children bear the loss of blood badly in amputations. The constant growth of the body renders the wearing of an artificial limb, quite impossible, and their bone shafts manifest such an irrepressible tendency to advancing through the flaps that one or more secondary amputations may be later rendered imperative. The general objection of all, to amputations on children is because with them, the reconstruction processes manifest the most remarkable activity; the periosteal and endochondral envelopes are thick and vascular with great regenerative power. A primary amputation under the twentieth year, except to complete a traumatic one, should under no circumstances be entertained.

A CLINIC.

By Byron Robinson, Chicago, Illinois.

The first case is that of a subject diagnosed as appendicitis. He has been ill about four weeks. He was sent to me for operative purposes. On arriving in the city his temperature was 102, pulse 110, respiration 26. He was in a weak condition having eaten scarcely any food for nearly two weeks. Physical examination revealed a tumor on the right side the size of two fists which I diagnosed as a circumscribed appendicular abscess. I placed the patient in bed, to secure anatomic and physiologic rest and began to drain him with eight ounces of hot half physiologic salt solution for six times daily. Half teaspoonful doses of magnesium sulphate and one grain dose of mild chloride were continuously used every three to four hours until the tractus intestinalis was thoroughly evacuated. On arrival he was making fifteen ounces of urine daily but in five days he was producing forty ounces daily. After five days of careful preparation three-fourths of the tumor slowly disappeared. This was undoubtedly due to a perforation of the abscess in the colon. To-day the 6th day of preparation we operate. All the subject's visceral tracts are at high physiologic function. The incision is made well to the right and we enter a large abscess. The appendix lies under the liver solidly fixed in the wall of the exudates. About two ounces of pus escape. There is a perforation in the right colon about the size of a silver dollar. No attempt will be made to remove the appendix, nor to close the colon perforation as sepsis would prevent healing. Thorough drainage will be established and the colonic perforation as well as the wound in the abdominal wall be allowed to heal by granulation. The liquid faeces will pass through the wound as an artificial anus for about six weeks, whence by advanced granulations and by coapting the wound by elastic rubber tubing, also allowing the faeces to become formed evacuations will pass per rectum. These cases do well. The appendix will perhaps never again disturb the man as inflammatory processes have well destroyed it by sloughing. This subject is debilitated by over work and six or eight weeks of anatomic and physiologic rest in bed will renew his life. He will be a new man on his return to Wisconsin. You observe the pulse is 90 and the operation being completed in fifteen minutes there is no shock.

The next case is that of a woman with an ovarian tumor of perhaps ten pounds. She is 44 years old and a multipara. The urine is practically negative. Haemaglobin is about 75 per cent. She has been ill for nine months. The tumor is mobile as I examine it I feel it has ruptured under the pressure. This shows that it had a thin wall. Also 75 per cent of ovarian tumors the size of two fists or more are malignant. I think this is a malignant ovarian tumor. I will remove it per vaginam. Since I hold the tumor as malignant I will remove the uterus with it. You observe that we remove the ten pound ovarian tumor and uterus in about twenty minutes. The pulse is 86 after the operation showing no shock. It is surprising what a large amount of gynecologic work can be done successfully per vaginam. Operations per vaginam recover more smoothly and safely than operations per abdomen. I have tried many kinds of ligatures per vaginam and have finally decided that silk ligatures for the uterine and ovarian arteries are the best, for, I can remove them afterwards and the patient is forever free from foreign bodies. This woman has had an excellent preparation of five days—thorough visceral drainage so that all her visceral tracts are placed at their maximum activity.

The preparation and the after treatment are the main features in the bat-

tle of peritonotomy. The peritonotomy itself is a small step in the whole process. I know one general surgeon who lost six patients in six weeks. He made no preparations on his patients, operating on his patients as soon as they arrived at the hospital. I know of over a dozen lives recently sacrificed in peritonotomy simply because no preparation of the patient was made and unskilled general surgeons operated. Deaths are a black age to surgery and it places the public unreasonably against requisite early operations. The great principles in successful peritonotomy are ample preparation, at least three days preparation—maximum visceral drainage—rapid skillful operation, and careful after treatment.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 133, April Recorder)

PARALYTIC TALIPES

Several forms of paralysis may be followed by the development of paralytic talipes, but by far the most common variety followed by this condition is that known as anterior polio-myelitis.

Where there is a normal inervation of the muscles, they are in a state of slight tonic contraction. In this way muscles and groups of muscles in the limb oppose each other and so long as the normal innervation exists the limb is properly balanced, so to speak, and maintains a normal position. When a group of muscles is paralyzed, we will have this affected group becoming flaccid and no longer in a state of tonic contraction. When the muscles which appose this paralyzed group are still active and in this normal contracted state it is easily apparent that the foot will be unbalanced by the action of the muscles which are still active. As the muscles contract they persist in maintaining a state of tonic contraction so that as time goes on the foot is drawn more and more out of the normal position.

When the muscles are paralyzed, there is a tendency for degeneration of muscle fibers and cells to occur and this tendency is greatly increased when the muscle is over-stretched. It is thus of importance that the physician understand this tendency for deformity to develop, and he should be on the alert to prevent the foot assuming an abnormal position.

Sometimes it is not easy to make a diagnosis at once of paralysis of a group of muscles in a limb, but the physician should be on the alert at all times to recognize an acute anterior polio-myelitis, and he should not through negligence allow a condition of paralytic talipes to persist without treatment soon after the development of the acute inflammation of the anterior horns of the gray matter of the spinal cord. This represents the most striking pathological change in acute anterior polio-myelitis and as the inflammation subsides improvement can be expected in the paralysis.

Acute anterior polio-myelitis is a condition seen in infancy and early childhood. It is more common in the summer and is at this time very likely to be mistaken for one of the simple febrile disorders so common in children. The disease in a few cases develops with very few if any symptoms, other than the paralysis, but in nearly all cases the onset is marked by fever, increased pulse rate, vomiting or intestinal disturbance, with headache and in some cases delirium or a convulsion. In

FIG. 1

The anterior portion of the foot is well shown in figure 1. The tendons of the tibialis anticus, extensor longus digitorum and extensor proprius hallucis being exposed. These muscles act as dorsal flexors of the foot upon the leg.

FIG 2.

The outer portion of the leg is shown in figure 2. We have the peroneus longus and brevis while posterially we have several layers of powerful muscles, including the gastrocnemius, soleus, plantaris, flexor longus degitorum and tibialis posticus.

some cases the physician will not suspect that he is dealing with this condition until deformity of the limb affected develops or the child attempts to walk, when the paralysis manifests itself.

Where the physician is on the alert and discovers during the febrile course of the disease that he has a limb which is partly paralyzed, several precautions are to be taken and various methods of treatment are to be followed in order that the best possible condition of the affected limb may be obtained. As we have said, the pathology represents an inflammatory condition of the spinal cord. Cupping over the back, and blisters may be used to cause a revulsion of blood from the inflamed parts, the bowels are to be kept free and the patient may be given any of those agents reputed to be of value as anti-phlogistics. These efforts will be of less importance than the local treatment of the affected limb. The limb is to be maintained in the normal position by retaining splints, apparatus or sandbags if necessary and it should be freely treated by massage, galvanism, hot and cold douching and alcohol rubs. This treatment aims at preventing as much as possible the degeneration of muscular tissue so that the restoration of innervation of the muscles will not find them degenerated and incapable of responding to nerve stimulus.

As the inflammation in the cord subsides rapid improvement occurs, but the parents of the child must be warned that this is not likely to continue until the function of the limb is completely restored. It becomes slower and slower and finally several months elapse without appreciable improvement. Where a group of muscles has remained paralyzed and the function of the limb is distinctly affected, tendon transplantation may do much toward securing a more perfect limb.

It is hardly advisable to describe the many varieties of operations which have been used during the last ten years to overcome the results of paralysis of certain muscles or groups. One must learn the course and action of the muscles and then in the examination of the individual patient ascertain those muscles which are paralyzed and those which are active. With this data one can select certain of the muscles which may be utilized to take the place of those which are paralyzed and the operation of transplantation can be done accordingly. The operator will work according to certain rules and if he wisely selects muscles of sufficient power to perform fairly well the function of the paralyzed muscles a useful limb may be secured.

Where the foot has been allowed to assume an abnormal position, this should be corrected before the attention is given to the tendon operations.

Careful attention should be given to asepsis. Most operators prefer to work through a free incision. Some work through several short incisions, burrowing from one to the other with blunt instruments.

Where a paralyzed muscle is exposed it varies in color from a yellow to a pale rose red. The tendons of paralyzed muscles are paler than the normal and have not the glistening white appearance of the tendon of an active muscle. They are also smaller.

The tendons are to be selected after careful dissection and with the least possible injury to their sheaths. They are handled only with the greatest care and under no circumstances are to be roughly grasped with rough serrated forceps such as hemostates.

Considerable care is necessary in making the union between two tendons as they do not show a decided tendency to unite firmly. Silk should be used as suture material.

Methods of union are varied; it is advisable to insert one tendon into anoth-

er after splitting the other tendon Quilt sutures are favorites with most operators in this work. Where a tendon is not long enough to reach a point to which we desire to attach it such as periosteal surface, we can fill in the interval by a number of silk strands and in this way secure the result desired.

Muscles act independently of their fellows in the same group when educated to do so, so that one may select a muscle from a group without hesitation. A portion of one muscle may even be educated to act independently of the remainder of the muscle. It is an advantage to select for transplantation the tendon of that muscle, which is most nearly allied to that of the paralyzed muscle.

Equino-valgus due to paralysis of the tibialis anticus can be corrected by using one of several muscles. The flexor longus pollicus is preferable to the others. In some cases where all the anterior dorsal flexors are paralyzed, improvement can be secured by shortening the tendons of the paretic muscles and by suturing them to the anterior ligament of the ankle.

In calcaneo-valgus it has been suggested to attach the peroneus longus to the tendo achilles and the peroneus brevis to the flexor longus pollicus, but we can hardly expect these small muscles to prove sufficient to replace the powerful muscles attached to the tendo achilles and correction may not be secured.

In calcaneo—valgus which cannot be corrected by transplantation of tendons and in flail foot or dangle foot where all the muscles are paralyzed, improved conditions are secured by arthrodesis.

Arthrodesis consists of the removal of the joint surfaces with a sharp spoon, and dressing subsequently in order that anchylosis of the foot in the corrected position may be secured. In this operation the joint selected is opened and the joint surface removed with the sharp spoon after which a plaster dressing is applied. Sometimes it is sufficient to immobilize in this way the ankle joint alone, in other cases all the tarsal joints must be so treated. The increased use of the limb following these operations will result in its improved nutrition and development.

(To be continued.)

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 135, April Recorder)

Alternating Currents.—This important form of motion, deserves more study than we will have space to give it, as it is one of the most valuable forms of currents known in medicine. It has more peculiar phenomena than any other known form of motion.

They are derived from electro-dynamic forms of apparatus, that consists of alternate magnets wound in a reverse direction so as to reverse the polarity of each successive magnet, and by causing a coil of wire to revolve by mechanical power past these magnets, we get a current of electricity that flows in one direction while it is passing the first magnet, and in the opposite direction while it passes the next magnet, we are said to have an alternating current. The polarity is of course reversed in the coil, each time it passes a magnet of a different polarity.

The terminals of each coil are brought out and connected to two rings that are carried upon the shaft of the "Rotor" or the revolving part of the ap-

paratus, and is collected by two brushes and carried where we wish to use it.

Phase.—Every alternating current has what is known as phase. Where we have only two magnets, and two coils upon the rotor, and take only one alternating current from the apparatus, we are said to have a single phase; if we have four coils upon our apparatus, and put four rings upon the shaft of the rotor one coil following each other at intervals of 9 degrees we have a two phase current, both currents flowing in the same direction, but one 90 degrees behind the other; it is possible to take both these currents from the machine upon one wire, simply by reversing the coil connections to the rings, but in practice, they are generally collected by a separate pair of rings, and distributed by a separate pair of wires.

It would seem that man should be satisfied by making his magnets work twice during each rotation, but it was seen that it was possible to make the machine even more efficient, as the magnets were not busy all of the time, so he added another pair of coils and made them follow each other at 66 degree intervals and then we have the three phase dynamo. Close calculation and improved designing showed that it was possible to make the coils follow each other at intervals of 23 degrees and we have the birth of the polyphase machine, one of the most economical sources of electrical power known.

Cycles. — All alternating currents have what is known as cycles, and it means a complete alternation, that is when the coil of wire has passed by two pair of magnets, and a current has flowed once in both directions.

When we have 60 cycles, we have 7200 alternations each minute, which is so rapid that the incandescent lamp that depends upon it for its energy furnishes a steady light due to the persistence of vision of the human eye.

This current may be transmitted long distances without serious loss of energy, and by simply running the current though the primary of a suitable transformer, which is simply an iron envelope enclosing two coils of coarse and fine wire. If we send the current through the large winding, at say 1000 volts E. M. F., we can so proportion our winding of the fine wire coil that the output will be 40,000 volts, or any other amount that we may desire to use, and after carrying it to great distances, we can again send it through the fine winding in our transformer, and take from the coarse winding the proper amount of electro-motive for use.

If we desire to use motors upon the current, we find another curious condition to contend with, we find that the motor will only run in synchronism with the dynamo, or as it is termed by electricians, in step with the dynamo. This makes it impossible to regulate the speed of an alternating current motor; and where a change of speed is necessary, we must use some mechanical device to reduce it, and they are called speed controllers.

(To be continued.)

OUR CLOTHES.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

What shall I wear, is often the question of fashion, should it not also be a question of health? There are two extremes to avoid: dressing too much, and not enough. If the dress be too warm, it causes an unnatural heat of the skin, engendering a dryness unfavorable to free circulation, or a perspiration which renders us liable to colds.

If our clothing is too scanty, it exposes us to sudden changes which from the sympathy excited between the skin

and internal organs, is apt to be felt in vital parts, and thus affect the centers of life. Consumption is with us the most potent sceptre of the destroying angel, and the chest and throat should therefore be well protected. For the former the open vest is too exposed in winter; and the latter may be overcome by letting the beard grow as nature intended for man, as a good protection. Large scarfs of woolen, while they keep out cold, often produce so much heat as to cause us to leave the neck moist and liable to cold when they are removed.

The value of flannel, mostly or entirely, wool for children or adults as the inner garments of the whole body, cannot be over-estimated. It acts as an equalizer of the temperature, and its ready absorption of the perspiration, and guards against sudden colds. Many firemen and engineers wear it as well as many in hot iron works; and this fact with their experience, answers in full the objection that it is too warm for warm weather. After once used few complain from this cause, and in our changeable climate there is far more danger in leaving it off, than from inconvenience in wearing it. A thinner flannel, however, may, with propriety, be worn in summer; but it should not be entirely cast aside on account of frequent changes in the weather.

The feet should always be kept comfortably warm by such wear as while they preserve warmth will not keep them wet with perspiration. People differ much in this respect, and the preference for woolen or cotton stockings, for thick boots or rubber overshoes, should be tested and governed by this consideration. Wetness or dampness of the feet from any cause, or protracted cold, will often surprisingly affect the state of the whole body. A proof of this is that many a headache is relieved in a few minutes by soaking the feet in warm water.

With the body protected by an inner covering of flannel, and the feet kept comfortable so far as health is concerned, it matters not what the quality of the outer garments may be, so long as not so many as to overheat, or so few as to chill.

As to the head, too many go out doors bare-headed; extreme cold or excessive heat does not seem to make any difference. Many ladies wear what they call bonnets; but they are so very small (and yet the hat of to-day more than makes up for the deficiency on the part of the small bonnet) that they afford little or no protection to the head. Then on the other hand and in the other extreme, many men err as to the covering of their heads, to the effect that they wear heavy caps which if worn at all, should have a small opening at the top to permit evaporation and the hot air to escape; and even the tall hat should always have a ventilator in the top. If you doubt this, place a small thermometer in the crown of your hat, and you will be astonished at the high temperature noticeable in only a few minutes. No wonder that colds in the head are contracted by such close confinement; and I am confident of relieving many an ache by this suggestion. By this little experiment the hat will be equally comfortable and the temperature more equal.

As to tight lacing, everybody of ordinary intelligence knows that the lungs do not require squeezing, nor the bowels cording; and that it is not sensible for man or woman to make ridges between them, and so we will not spend many words upon this point. Girls should wear their dresses sufficiently high in the neck to allow straps for the underclothing, resting high on the shoulders; for, if not the constant hitching which their sliding off causes, soon becomes a habit which results in a drooping of one shoulder, and a partial curvature of the

spine. Children are more easily chilled than adults, and generate heat less rapidly and should, therefore, in proportion, be more warmly clad with flannel as the inner garment.

Make up your mind in your own dress, and that of those you control, to follow the fashions only when they are not detrimental to health; but when they tell you to ride on a cold December night in short sleeves, a thin low-necked dress, no hat, and as good as no shoes, or to dress your little ones in clothes only reaching a little below the waist and a little above it, be sensible enough to dress neatly without seeking the heighths or depths of fashionable perfection. Though it may differ from the ideas of some, we kindly suggest that it is better to have the name of showing good sense, than that of wearing the latest pattern.

BLESS THEE, BULLY DOCTOR.

By F. F. Casseday, D. M., Rosemount, Minnesota.

There are many compensations in the doctor's life to repay him for the worries, sleepless nights, anxieties, and troubles real and imaginary. Dr. King of Missouri, the irrepressible King, has noted down some of his quaint and funny experiences in his little book, and with said book, I have beguiled many a weary hour.

King tells one good one about the old quack (not a doctor) who had three remedies for all ailments of human kind. His remedies were made from slippery elm bark. The first was made from bark peeled up—called "Hibo-bolorum" and was good for fevers, the second from bark peeled down called "Lo-bobohirum" good for fits and sich, and third from bark peeled around the tree, called "Hilo-bustum" and it busted em wide open. He probably lived, as Mrs. Partington would say, in the rhubarbs or hoopskirts of some way down Missouri village, where they put the quinine bottle on the table and all take a dip around before meals to quiet the chills and fever.

Once upon a time the doctor was called to see a patient suffering from peritonitis. He ordered a woman standing by to go and prepare a poultice and put it on the woman's abdomen. She brought it to the doctor's side and held it in her hands. "Well" he said, put it on her abdomen." I don't know what that is, was her reply. "Belly—belly woman."

One of my professional friends relates the following incident and vouches for its truth. One afternoon a man and woman came to the office and the woman said she was suffering with severe colicky pains in the abdomen. After some questioning, it developed that the patient was unmarried, but her menses had not appeared. An examination revealed the fact that she was pregnant and labor had set in. She was carried to the home of a friend nearby and safely delivered. After she was delivered, there was a very animated discussion among the family and friends carried on in a foreign tongue. Upon the doctor asking what the row was about, some one explained after this fashion: "Vell you see she had nothing to do with anyone except a man eighty years old, and dot cannot be." Worshippers at the shrine of Venus frequently suffer from lapse of memory.

In the Wisconsin city where I spent a short time in the early years of my practice there was a man whom we will designate as Dr. "X." While not a graduate, yet by his smooth ways he had built up quite a practice. He was summoned to attend a woman in labor. After some delay he informed the woman that her child could not be born, but for what reason it never transpired. Whether the woman had a deformed pelvis and the child was not viable, or there was ectopic or extrauterine preg-

nancy never developed. At any rate he decided to perform Caesarian section, and did perform it with the aid of a student who had never taken a course of lectures. Strange to say the woman died, and the "doctor" reported that she ate too much pie shortly after the operation. People should be more careful about eating pie. It was probably pie made from green apples.

Some doctors are so absorbed in their profession that they have no adequate idea of the value of their services. One such was an old gentleman (now dead) living in an eastern city. He was a famous man in his day, and a very accurate and successful prescriber. One day a German nobleman came to this country for the express purpose of consulting the doctor. After making a thorough and exhaustive examination, medicine was prepared and handed to the patient. "What is the fee?" asked the nobleman. "Oh, fifty cents," replied the doctor. The patient left the house in disgust and pitched the medicine into the gutter. The psychological effect of a good big fee on that particular patient would undoubtedly have worked wonders combined with the remedy prescribed. But the patient had no confidence in the efficiency of the prescription—the doctor's skill was held too cheaply.

A dear old doctor lives not a thousand miles from Chicago. His office is always crowded. A prominent man we will say from Cincinnati, came to consult him and took his place in the crowded reception room. Upon reaching the private room he started in to tell the doctor his troubles. The doctor headed him off with, "there, there, that will do. If there is anything I want to know, I will ask you." Patient was mad clear through and rose and left the office without further talk. On the street he met a friend and told him Dr. X-Y-Z was a hog. "Now look here," remarked the friend, "Go to your hotel and send for the doctor to come and see you." He did so and the doctor listened to his tale of woe, and thumped him from head to foot, and talked to him for two hours. Result: Fine doctor—gratified patient,—good fee, and everybody happy. All of which proves that there are patients and patients. A doctor must be a keen judge of human nature, be ready to give the man who has money to pay for time and attention plenty of both, because the doctor, in the language of the street, needs the money and can use it to advantage.

Everybody in this great big world wants sympathy when ill. Other things being equal (and frequently when they are not equal) the doctor who is kindly and sympathetic gets the biggest share of the business. Therefore to paraphrase Shakespeare—"Get sympathy in thy makeup and if thou hast it not cultivate it." In the words of Fra Elbertus, "Do your best and be kind." After you have cured the sick, and relieved the suffering, when friends gather around and discuss the doctor the final and most important word is "He was so kind and gentle and thoughtful." Not a word at the last about your skill, but about your goodness and sympathy and kindness. One touch of kindness makes the whole world kin. The doctor touches humanity at its most vulnerable and tenderest point, he sees man in his weakness. The sick cling to the doctor like a drowning man to a straw, and woe betide the doctor who does not rise to the occasion with the strength of his personality as well as his skill and knowledge.

Collinsonia is nearer specific in piles of constipated women than any other remedy.

Hip joint diseases have been cured by circumcision.

Dr. J. A. Burnett,
Sullivan, Arkansas.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE FOUNDATIONS OF QUACKERY.

Two young men graduate from a medical college, one has with his professional degree, a diploma in arts or science, while his co-graduate possessed scarcely an eighth grade education, when he began to study to be a physician. Possibly the first young man scored an average of 97 per cent in his medical course, while the boy from the eighth grade "just passed," and that was all.

These two young men both begin to practice after a few months hospital training. The college boy is first, a scientist, secondly, a physician; the other has merely a "practical" medical education. Instinctively he feels his own inferiority beside his more learned companion. He is more at home with ordinary rough, uneducated people. He feels smaller than better educated doctors, and he will do smaller things. He goes among men determined to appear as great and as educated as anybody. For all that the average layman can not tell that one of these doctors is more proficient than the other. The layman may observe that Dr. Little is more approachable, more common place, more showy, and more upon the street than Dr. Broad; so he calls him because he is able to feel better acquainted. Dr. Little rustles after patients; he has entered the profession merely as a business affair, and it is his aim to obtain the maximum practice on the minimum education.

While Dr. Little is rustling up practice, Dr. Broad spends all his leisure in hard study; he avoids society in order to obtain time for study. Dr. Little is becoming the popular doctor, while Dr. Broad is misunderstood by the average layman; he is an enigma. Dr. Little uses technical terms frequently in the hearing of patients, but in the presence of other doctors he is inclined to avoid them. Dr. Broad is plain and non-technical in what he has to say, and therefore, with some, Dr. Little passes for the best educated man. If the fact of Dr. Broad's extended education becomes known, with it will go the remark, that it takes but little education to make a good physician of one whom "nature" intended for that profession. Nothing delights the average layman more than to make it appear that scientific men fail to do what ignorance effects by a kind of magic; thus we may say that as a rule, the laity is anxious to boost the ignorant physician into prominence and if educated men advance into remunerative practice it is less by virtue of their education than their executive ability and the assistance of their brother physicians.

It is a matter of wonder to medical men generally how so many people supposed to be well informed, can patronize the grossest charlatanism, when it comes to treating disease. This fact can be explained when we analyze the actual education of these "well-informed people." What do they read? They do not study! They read the newspapers, particularily the sensational columns that are printed side by side with reports of "Divine Healing," "Cure-alls" that have raised people from the dead, ridiculous reports of "scientific" (?) discoveries,—veritable burlesques upon science and philosophy —and we conclude that the sensational newspaper tends rather to de-educate,

if you will allow the word, than to educate. Looking further we learn that a large per cent of the laity read novels. Some of these novels contain a little valuable information, but this the average novel reader does not get. His or her novel reading has rendered the memory non-retentive. The object of the reader is to suck sensation, thrills, surprises, and emotional exercises from the novel. These as soon as experienced are forgotten and with the acquired habit of forgetting a little knowledge gained in youth at school also leaves the mind until the memory is but a scrap box of broken facts, a rubbish heap, a refuse pile, with a show window in it at which is arrayed information upon late scandals, the sensational side of popular politics, a few points on fashion, and possibly the data of a trade or vocation at which the individual works unwillingly to eke out a living. Before a ban of "knowledge" like this a scientist, a physician, passes an inspection and is judged fit or unfit and what is worse, the physician will some times play a part to please these shallow, trash-filled minds. Should he act or speak the disdain he feels for the miserable show, that passes for education among the masses of the laity, his action would be so little understood that a sphynx-like silence were as well. We walk into a house, glance at the library, nine books out of ten are fiction, yet there is an encyclopedia and possibly a few scientific books ten years or more behind the times, observing these last, we feel that these people know something and we launch out upon a scientific theme of conservatism. Under such circumstances the writer remarking upon Newton and the infinitesimal calculus interested his audience sufficiently to cause the looking up of a late newspaper article upon the subject which proved to be an essay upon "lost manhood" and stone in the bladder by an advertising quack, the supposedly educated audience having heard of urinary calculus through the perverted literature of quackery being altogether ignorant of the calculus of Sir Isaac Newton. On another occasion he discovered that his "educated" audience had never heard of Prof. Huxley and upon another time he found a degreed high school principal had never heard of Newcomb or his Astronomy. To attempt conversation upon physics, chemistry, botany, zoology, astronomy, or geology, strictly within the limits of any high school text book, would be bad form in good society, even if that society were made up of high school graduates. Most people do not go through text books in the above sciences, expecting to be able to converse upon the lessons afterwards. In "good society" it would be quite allowable to ask the name of the latest victim of lynch law or particulars of the last murder, divorce or scandal, but to ask for the formulae of nitric acid, zinc sulphate, ammonia, or blue vitrol would be decidedly bad form. To ask even a college educated guest at a party why Work = Force x Space or why $E = \frac{1}{2} MV^2$ would be indecorous in the extreme, and the man inclined to spring such questions upon those who should be able to answer them would swiftly become unpopular. After the average man leaves high school or college, he seldom reviews his algebra, geometry, physics or natural sciences, but you will find him every morning with his nose in the daily paper as if it were necessary or more important to keep informed upon all the scandal going, than to retain in his mind the fundamental laws of nature; and because men in boyhood learn a little science and in a few days forget it, they pass in the world as educated men, but prove their dense ignorance by writing testimonials that such and such slops, sold by So and So and Co., have cured them of rheumatism, diabetis, Bright's disease, dyspepsia or catarrh, and because these "educated" men endorse said slops

the rank and file of ignorance worship at the feet of falsehood and lends itself to aid the craft of thieves.

The popular mind today is so drunk with sensationalism that upright men are severely tempted to cater to this weakness. Sensationalism is the veritable antipode of the scientific method and bears the same relation to science itself that the so-called devil or satan bears to a Rational Divinity or in other words it is sense and animalism versus mind. One need but visit our great public libraries and observe what books are much read and which ones are not read at all; then go to the book stores where dealers do not presume to keep any literature except fiction. The writer would suggest that the fiction depot be called a Book Saloon for no less than the liquor shop does it degenerate mentality.

Oh Science, what crimes in thy name
are committed?
Education:—How much dost thou cover of Sham!
How decayed at the core are wits passing as fitted
As forgetfulness swiftly unburdens the
the cram!
A polish of speech, well mannered, affected,
A sheepskin that stands for the cribs
and the lies
A shell made for show, gilt edged, and
respected
With hireling heralds that laud it to
skies.

C. E. Boynton, B. S., M. D.
Smithfield, Utah.

It is claimed that women medical students are superior in text book work, but in original work requiring personal judgment she fails in efficiency.

Dr. J. A. Burnett,
Sullivan, Arkansas.

MEDICAL ETHICS OF THE PAST AND PRESENT.

The article written by Dr. F. F. Casseday of Rosemount, Minnesota, in the April Recorder entitled, The New Way to get Business, I think should touch a tender chord in every honest physician's heart or as the old saying goes, strikes the nail square on the head—and should be read by every M. D. in the land. It should be posted in his office and carried in his hat so that the facts therein contained would ever be uppermost in his mind; not only be before his or her mind's eye but acted upon vigorously, and we think that ere long the osteopaths, magnetic healers, christian scientists and other forms of quackery would soon drop into oblivion, never to be resurrected. I believe and I don't think it can be successfully contradicted that if the medical profession would practice genuine professional etiquette charlatanism would soon be a thing of the past, but the ethics of the modern up-to-date M. D. is hog eat hog, except you meet an old timer or a young man who had good training at home or one who by dint of hard work and financial difficulties obtained his degree; run amuck such a physician and nine times out of ten you will meet a perfect gentleman. The ethics of the present day consists of joining the most popular church or political party, tickle every dirty little urchin under the chin and remark how handsome it is and how much it looks like its ma and pa owing to who wears the pants; and be sure never to miss an opportunity to speak of all your competitor's faults, such as it's too bad he gives calomel or he chews, smokes, swears, drinks, or that he used to be a good doctor, but he is away behind the times now. If called in consultation and arrive before the other physician does, lose no time in examining the patient and making suggestions that will

be derogatory to the attending physician's diagnosis, prognosis, or treatment. Every year is making matters worse. I have been in practice twenty-five years and know whereof I speak. I came to the good state of Iowa twenty-five years ago. She had no medical laws then and I expect fully one-third of the physicians were undergraduates, many of them getting their knowledge under a preceptor in a little 8x10 office in the East. During the seven years I practiced in one locality I can not recall one unprofessional act perpetrated against me in that time. But it's different now; I am sorry to say, I can mention them by the dozen within the past few years. Most every state and territory in the Union has some sort of medical laws and almost all of them have a clause in them that your certificate will be revoked for unprofessional conduct. I believe if every board of medical examiners would create a code of medical ethics and revoke the certificate of every physician who willfully violated said code the panacea for unprofessional etiquette would be found for unprofessional conduct towards your brother physician. In union there is strength, hence lets unionize, all other bodies do, why not we? If we would only practice the Golden rule toward each other, those practicing quackery would soon be either hauling manure, working on the section, or selling lightning rods. If I have been harsh pardon me, for it has been truly said by one of old:—Hominis Est Errore.

O. G. McCauley, M. D.

Ora, Iowa.

The first-born in both men and women are more sensative to pain than the second.

May weed is beneficial in weakness or inflammatory conditions of the œsophagus.

Dr. J. A. Burnett.

HYPNOTISM.

In the April number of the Recorder, I notice an article on Hypnotism by Dr. Wolfe, of Cedar Falls, Iowa, and it should not be passed by without challenge. He says "That it is too soon to claim for hypnotism what its advocates have so largely claimed, that it is virtually a means of cure or alleviation for almost every form of disease." In a paper read by me before a medical society in 1901, and printed in the Recorder Oct. 1901, I opened my remarks by saying "That I am fully aware that I tread on ground not very familiar to the profession."

And after reading Dr. Wolfe's paper, I am more than ever impressed that I was right then. When he says "Too soon &c.," it is evident that he has not posted himself as to the time that this science has been in existence, and recognized as a factor in the medical field. As far back as history runs, the art of hypnotism has been practiced. One of the early and exhaustive reports of it used in surgery, was written by James Esdaile, M. D., of his experience in India in 1846, where he reports at least 73 cases at length, of surgical operations that he made under hypnotism. These cases ranged from extraction of teeth, to amputation of arms, legs, and removal of tumors weighing as much as 80 pounds, all perfectly painless operations. I wonder if the doctor thinks it is still too early to pass judgment on anesthetics, as they were discovered after the above experiments with hypnotism. He seems to object to hypnotism, because "quacks" make extravagant claims for it. Has there ever been a remedy discovered, that quacks have not lauded as a cure-all, and is it not due to this fact that they have reaped their reward. Then he objects to it because it has been used on persons to their detriment—cannot the same be said of every medical or surgical remedy that has ever been used. Because

strychnia, opium, and other powerful drugs have been abused even by the profession, and have been used as poisons to take life, is that any reason that they should be discarded when used in a proper manner. Again, while it is a known fact that the removal of the uterus and appendages, almost became an epidemic, and was resorted to by many unscrupulous operators, for fame or money, can it be said that the operation has not done suffering humanity a world of good. Hypnotism is a potent remedy, when indicated, and as all potent remedies, it is also an evil where abused.

Another remark that the doctor makes would be laughable, were it not that it is so misleading to those who have not given the subject the proper amount of thought—it is "That all spiritualists are weak minded." It is presumable that he classes spiritualists as hypnotists and vice versa. Is he aware that 76 per cent of the professors of Oxford University, were subjects of the hypnotic influence, if not he should look the matter up, before making such assertions. In looking over the literature of hypnotism, it will be seen that more than 90 per cent of the scientific literature is written by M. D.'s. I will mention a few that have written extensively and favorably on the subject, and hope the doctor will peruse some of these books. Max Dresser, M. D., Ph. D., University of Berlin; L. B. Hawley, M. D., New York Polyclinic; H. S. Brayton, M. D., Bellevue Medical College; E. P. Scripture, Ph. D., Yale University; W. P. Carr, M. D., Columbia University; A. R. Allen, M. D., Philadelphia Polyclinic; E. C. Moore, Ph. D., LL. D., University of California; A. Kirshman, University of Toronto, and the list might be almost indefinitely extended. This will be sufficient to show that much of the best thought is investigating along this line, and has not yet arrived at the wonderful conclusion that it is all "bosh." A paper by E. D. Babbitt, M. D., LL. D., of the college at San Jose, California relating certain experiments of Baron Reichenback of Vienna, in which he found 60 persons, many of them eminent in the professions, that could percieve a finer and higher grade of colors, than those that are visible to the ordinary eye. This is attributed to their psychic training, and psychology, is but one of the forms of hypnotism. In my experiments in hypnotism, I have fully demonstrated that it is impossible to hypnotize a person against his will, and have found that those of the highest intellect and best culture, are most susceptible to its influence. My observation has led me to the conclusion that it is impossible to hypnotize a half-witted person at all. Suggestion is the foundation of hypnotism, and what physician has not seen the beneficial results of suggestion. A physician who does not have the confidence of his patient had better give up the case at once. If the patient has confidence in the physician's word—suggestion—he may give the most simple remedies and relieve pain, where the most powerful, will not, where confidence is lacking. A physician who gives a remedy in a half-hearted way, informing his patient that it may, or may not, give relief, is sure to find that it "May not," in almost all cases. A physician neglecting to take into consideration the power of suggestion, has only half learned his profession. Doctor Wolfe mentions cases that he knows of that have gone insane, after hypnotism had been practiced on them, and then concludes that it was the cause. Did he ever know of a patient going insane after he had taken quinine, or other drugs, or after he had eaten pumpkin pie? Who ever went insane, that had not at some time taken medicine, or had eaten various things—this does not argue that it was the taking

of medicine, or eating, that made him go crazy, any more than "one swallow makes summer." But the funniest of the funny arguments that he used against hypnotism was "That it ought not be used only in affections where other means have failed." Is it possible that he uses every remedy on a case first, that he has no confidence in, before he will give the remedy that has the greatest hopes of curing his patient —if so, I pity his patients. He admits that hypnotism may cure where all other means fail, or why would he use it as a Dernier resort. If I had a patient and thought calomel, quinine, podophyllin or arsenic, was the best remedy, I would surely use it first, instead of giving other things, just to see whether they would cure or not, and really this is the first duty of a physician, to do the best he knows for his patients. Hypnotism, is no more of a cure-all, than any other remedy that we have, but it has its place in medicine and surgery just the same as any other remedy. Many who are ignorant of the science of hypnotism, class it with the Spooks and Uncanny things, and are afraid to use it, lest they may be called—mesmerists, spiritualists, psychologists, suggestionists, or any old thing. I wonder if the doctor can remember when homeopethy was a hiss and a by-word—or osteopathy, but has he not lived to see the day, when they ring the silver door bells, he has if he has been in the profession as long as I have.

Don't get into such a narrow channel, be broad minded and willing to prove all things, and hold fast to that which is good. All wisdom does not reside in allopathy, homeopathy, osteopathy, electro-therapy, or any one of the pathies, but there is a semblance of good in all of them.

A rose would smell as sweet by any other name. I can well remember, when twenty-eight years ago, I began the practice of medicine, what horrible decoctions we then gave; but homeopathy came along, and with their sugar powders, they began to capture our business, and we were compelled in self defense, to put our remedies in a more palatable form, and who will say that it was not good for the regular practician to have his eyes opened.

How many hundred remedies are now put on the market, and pushed to the notice of the regular practician, solely on account of their elegance of preparation, or tasteless qualities. There is not a case, that can be confirmed, as dying in the hypnotic state. Can as much be said of anesthetics. Nay, will thousands cover the deaths? Yet is there a physician, that would abandon anethetics, and return to the old way of strapping his patients on a table, so they could not move while a limb was amputated, and listen to their horrible cry. Every one of the present day, will take the risks of an anesthetic, when they have a surgical operation to be made, rather than go back to the medieval days, when anesthetics were not known. Keep up with the procession, or get off the band wagon. Don't try to be counselor, or leader of men, when you are years behind the times. Don't jump on a subject, and propose to write a "Dictum," unless you have had sufficient experience to justify it.

A man can have a "Fad" against a thing, as well as for it—or in other words, a man can be a "Crank" against a thing, as well as for it.

A "quack" simply gets people to believe that he has the only remedy for a certain malady, yet he is no worse than the doctor, that refuses to use the very best remedies for his patient. The former, lets his patient die, while using his cure-all, and the latter lets his patient die, because he will not use the best remedy, lest it would be "Irregular." Both patients die, and what is the difference. The patients will get

their reward, and probably the doctor's also. Suggestion and concentration of mind, are the two things necessary to induce hypnotism, and if you fail in either, you fail entirely. A person of mediocre mind cannot concentrate, and so you cannot hypnotise him—choose, as far as possible subjects of intelligence, where you wish to use this agent, and tell them what you want to do—then you will succeed. The same is, to a great extent true in giving medicine, if you tell the patient, THE EXACT effect you expect from a remedy, nine times out of ten you will get it. Have your eyes tested by an oculist, so that you can see things as they are, and above all things, have him fit a pair of glasses that will enable you to see, and appreciate the progress of the medical profession, as well as the scientific world.

All scientific discovery has been made by men that were called at the time cranks, and the announcements have been made in most cases years before they were accepted, this is true in the mechanical, as well as the medical world. Who has not read of the derision, indignities, and torture, that old Galileo suffered when he announced his discovery to the world, and yet today is there one so medieval that he does not recognize his discovery. What about Harvey, when he discovered the circulation of the blood, or Bell, when he announced that he could talk to a man hundreds of miles away, by means of a wire—and the telephone was born. We find that ovariotomy, which was really first successfully performed by McDowell, of Kentucky, had fought its way for years.

In looking over the literature, we find that it was mentioned in 1685 by Schorkopff, in 1722 by Sclenker, and that in 1758, Delaporte, went so far as to propose it as a surgical procedure, but it seemed to have rested on its oars, till 1809, when McDowell made it a fact, even then it was not accepted for years, now almost every cross roads doctor can, and does successfully perform the operation. The most difficult operations have been performed under hypnotism, and as painless as under the effects of an anesthetic. It is true, that hypnotism has, to a large extent been used as a means of public entertainment on the rostrum, but this does not argue against it as a remedial agent. There are many curious, as well as scientific facts, which occur in the hypnotic state, and in our present state of knowldege are really unaccounted for, yet the time will come when they will be known. It is true, as Doctor Wolfe says, than many criminals claim that they were hypnotized, and thus try to escape the clutches of the law, but what devises have not been tried by criminals to escape punishment, as far back as history runs. My observations have been, that a person in the hypnotic state cannot be induced to do any immoral thing, or criminal act, that they would not do in their normal condition. If the medical profession will spend half as much time in the conscientious investigation of this subject, as they do in condemning it, they will have a far different view of things. It is not within the scope of this paper to speak of the mode of producing hypnotism, or even of the conditions in which it may be successfully used, I may do so in a future paper.

J. R. Etter, M. D.

Crawfordsville, Ind.

IMPORTANT NOTES

An infusion of smartweed drawn into the nostril, letting it remain for four minutes three or four time a day is beneficial in hay fever. It should be used only when the fever is on.

Stillingia stimulates all excretions and most of the secretions.

Dr. J. A. Burnett,

Rundschau.

By H. Speier, M. D., Rochester, Minn.

STATE EXAMINATIONS.

A medical friend, a man of good standing socially and professionally, member of his county and state societies and of the A. M. A., a thoroughly competent physician, just returned from a visit to California and contemplating removal to that state, in a private letter says: "H. has failed and just what he will do now am not informed. (H. is another former Minnesota physician, reputable and with much experience). The quack list in California is a long one and will grow longer still, if reputable men cannot get a hearing. There are many ways of evading a state law and if men of good standing, after years of practice in one community, cannot get an honorable legal footing in new fields, they will contrive a multitude of means of getting around the arbitrary rulings of state boards. It has been and can be done successfully and will be done more."

Such utterances ought to teach their lesson. But still boards of examiners continue to publish with pride their records of rejections, the weeding out process, as they are fond of calling it. There is an evident injustice in depriving a man like H. of his livelihood, and there is incalculable damage inflicted on the moral sense of the nation, when men, as the writer of the letter, who have always been upholders of law and right, are driven into subterfuge and evasion of law. The medical profession everywhere has been eager for such legal restriction of the practice of medicine, as would drive out of the land the arrant imposter. But it has forged a chain for itself, which now it cannot break, in spite of all efforts. No wonder, physicians have become wary of further medical legislation. How long would it be, before legislators, if they fully understood the bearing of the medical laws, they have passed, or the abuses to which they lend themselves, would smash them? There is little hope of relief coming from the selfconstituted authorities. Now and then they throw a sop to the complaining thousands. About once a year their delegates and committees meet, listen to speeches, pass resolutions, hedge such concessions as they find themselves forced to make with restrictions which render them practically useless, and then go home, to meet after another year. Relief can only come, when those who created the laws and who now suffer from their misapplication, combine forces, make a joint attack and remove from them all objectionable features with the possibility of abuse.

APPENDICITIS AN EPIDEMIC?

The lay press is thrashing out a controversy on the cause of the increase of appendicitis. A prominent member of the Wisconsin State Medical Society, was not long ago quoted by the N. Y. Times as classing appendicitis as a contagious disease of microbic origin. The doctor is known as a humorist. However, it is certainly a fact that we hear a great deal nowadays of appendicitis. Much of it is incorrectly diagnosed and not appendicitis at all. We all have seen numerous appendices removed which might just as well have remained in situ, being quite healthy, although the operating surgeon never fails to point out to the admiring corona

some little constriction or dilatation or what not. Now and then we get an idea of the enormous amount of operating done in the country, as by the statement of Dr. J. E. Erdmann before the medical society of the county of N. Y. on December 28, 1903, in two years, he had seen 257 cases of appendicitis and operated on 201 of them.

Of course, increased knowledge of pathology enables us today to recognize and designate as appendicitis much of what masqueraded in former times as inflammation of the bowels, perityphilitis, &c. But in a community like this, which on account of the presence of surgeons of national fame has become a surgical Mecca, every little belly ache is called appendicitis and operation demanded by the laity itself. The Germans have a saying, that everybody has a little tuberculosis, here everybody considers it his destiny to go at some time to the operating table for appendicitis or gallstones. When so and so disappears for a time from view, generally he has gone into retreat at the hospital. A great deal of this must be attributed to suggestion.

We all know what suggestion may do. The writer had recently a striking example of it. A young fellow, employed in the economic department of the same hospital, came to the office one morning, saying that, as he had heard patients tell of the operation of circumcision, he had thought that his prepuce needed shortening and on the previous evening had started in to cut it off with a razor. On account of the pain he had quit and wanted now to have the job completed. A cut, about an inch and a half long, just in front of the corona glandis, with a buttonhole in the mucous coat, had to be closed. The prepuce was absolutely normal. The fellow is a young, healthy German, stolid and unimaginative as the cows in his charge, without a trace of insanity. Suggestion and nothing more!

Is there really more appendicitis than formerly?

MEDICINAL TREATMENT OF GALLSTONES

The physician or internist, to use a newly coined term, is struggling against rapid and widespread invasion of territory by the surgeon. Some day the pendulum may swing back again, but not until we acquire greater precision in and positive results from the use of medicine. Any suggestion toward that end should be carefully investigated. In the Therapeutic Gazette of November 15, 1903, is an article by Dr. H. Richardson of Baltimore, well worth consideration, for it proposes a remedy for gallstones, a disease which seems to be on the increase, which so far physicians have combatted with very indifferent success and which is becoming the sole territory of the surgeon.

The remedy is glycocholate of sodium, a salt of one of the acids normally contained in bile. The recommendation is based on physiological reasoning and experimentation. It appears probable that the bile acids are not formed in the gallbladder, but in the liver or the blood, reabsorbed from the intestinal tract and excreted by the mucous membrane of the gallbladder. An inflammatory condition of the mucosa decreases or prevents their secretion. Analysis by Austin prove that cholesterine is soluble in glycocholate and that cholesterine gallstones are the result of a deficiency of glycocholic acid in the bile. Large gallstones experimentally introduced into the healthy gallbladders of dogs disappeared after six months, but remained unaltered when a cholecystitis is produced, showing that healthy bile is capable of dissolving cholesterine stones.

If glycocholate of sodium is administered by mouth, it will be absorbed from the intestine, enter the gallbladder and hold the cholesterine in solu-

tion. Hence Richardson believes that in glycocholate of sodium we have a remedy capable of dissolving gall-stones in the bladder, even in the presence of cholecystitis, and that surgical interference is permissible only in cases of occlusion of the gallduct.

All this is theory, but it is so logical, that it is to be hoped ample clinical test will be given to it. Dose: 5 grains t. i. d.

PERFORATING GASTRIC ULCER.

At a meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital Dr. J. A. Bodine reported this case. The patient while out shopping and in apparently good health, was seized with a sudden violent pain in tne abdomen and fell to the floor in a faint. She was removed to her hotel in a cab. The speaker saw her in consultation four hours later. She had returned from abroad the day before, and had always prided herself on her perfect health and energy. Inquiry as to her digestive functions brought out the fact that she had not been able to drink coffee the past few years, and that occasionally a little gas was formed in the stomach, which was relieved by a pinch of soda. There had never been any pain, vomiting, or other symptoms traceable to this organ. Her pulse were 110 and temperature 99 degrees F. Her entire abdomen was rigid and sensitive to the touch; liver dullness present; tongue extremely dry, brown coated, cracked; the typical picture of facies abdominalis present. Rupture of either the appendix, gall-bladder or stomach was the tentative diagnosis. As there had been no history of appendicitis, and as it seemed impossible for the appendix to rupture suddenly without a warning the diagnosis was lightly considered. Abdominal exploration showed a perforating ulcer. The perforation was closed and patient made a good recovery.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are published in this department. Queries as to Alkaloidal Treatment of Diseases which are addressed to this department will be answered in the next issue. If an answer is desired by mail a stamped envelope should be enclosed with the query. We trust that this department may prove of assistance to many who are new to Alkaloidal methods.

TREATMENT OF DIARRHEA OF ADULTS.

By G. H. Candler, M. D., Chicago, Illinois.

The adult with diarrhea is not, it is true in as much danger as is the infant, or the child of very tender years, but he makes as much fuss as though he were upon the verge of instant dissolution and, to tell the truth, he feels about that way! There are diarrheas and diarrheas but the particular variety which interests us at this moment is the diarrahea of summer—cholera nostras or, to use the more popular term, summer-flux. As far as cause is concerned the malady may be due to any one of several things. Usually the fermentation in the intestine of some food starts up the pathological conditions but it may also follow a sudden chill, the ingestion suddenly of large quantities of cold water or ice cream, or may become the most evident and troublesome symptoms of general debility caused by over work and over heating. This latter combination, especially when combined with lack of sleep, irregular meals,—and unwholesome ones at that when taken at all—is, perhaps, the most potent factor of all.

The dyspeptic form as it is often termed, comes close on the heels of some loading-up of the stomach with fruits (ripe or unripe), vegetables—cucumber soaked in vinegar till thoroughly tanned, for instance. If there is a sub-acid condition present, diarrhea is more likely to follow than if hyper-acidity pre-

vails. This is due to the better conditions that exist in the intestine for fermentative changes and the irritation caused to the bowel by the process. At first, the passage contain particles of undigested food, the bowel is full of gas, there is much rumbling and shifting of flatus and the stools leave the patient with some force and extreme frequency. This is the time to check the condition. The first thing necessary is the digestion of the disturbing mass and its subsequent voidance. The stomach may be emptied by emetics, but that will not help the bowel and that is where the trouble all is. If the disease is not checked early there is a strong probability that an enteritis will follow. As soon as seen the patient should be given either pepsin and pancreatin, or, better still for clinical results, cariod or papayotin with charcoal. In an hour give either magnesium sulphate (the saline laxative won its laurels in such conditions) or castor oil. Rhein if combined with the intestinal antiseptic may follow or cotoin or geranin will serve equally well.

The laxative having worked, a high enema should be given consisting of normal saline solution to which has been added a dram or so of ext. pinus canadensis. One dram of glycerite of tannin to two quarts of water is one of the best things I have ever used. No food at all may be taken but the patient can have barley water, albumin water, beef juice (prepared or "home pressed") and he should be kept quite and perfectly cool without getting chilled. From one hour after the giving of the laxative the exhibition of from five to ten grains of the triple sulphocarbolates—(as combined in the intestinal antiseptic W. A.) should occur every two or three hours. the astringent selected, can be given with or alternating with the sulphocarbolates. Pain will yield readily to atropine as a rule, especially if strychnine is given with it. If intractable, however, capsicin and cannabin will stop the trouble. A dose or two of chlorodyne may prove of use in beginning of the trouble but if opiates can be avoided it is best to do so. If the bowel is fully emptied and nothing put in it with the exception of the things named above and if at the same time the intestinal antiseptic and some one of the astringents are exhibited the summer diarrhea of the adult will end quickly enough to suit even the patient.

If the form of the disease is nervous, proper attention must be given to the system generally. The nervous tone is below par and here is the field for strychnine, iron and nuclein. The triple arsenate granule of alkalometery should be given one several times a day after nutriment has been taken. Passiflora will calm the nerve storm as will also scutellarin while dermatol and strychnine will act as a tonic generally and soothe the irritation of the bowel at the same time. This is a very useful combination. Hyper-acidity calls for the neutral cordial Abbott's, one or two tablets two or three times per diem. As soon as the flux is controlled the patient should be put on an easily digested and nutritious diet. To his stomach nothing should be offered which could in any way prove irritating. The juices of meat, fresh eggs, koumiss or butter milk, fruits (stewed), pre-digested and dextrinized milk and gruel may be followed by the more easily assimilable cereals and farinaceous foods. The hypophosphates may be given freely, but the writer prefers the triple arsenates with nuclein adding thereto, small doses of zinc phos.

Free bathing, gentle exercise, attention to the liver and the daily use of saline laxative will enable the patient to regain his strength in short order.

Dr. R. W. Wilcox has an article on "Adonidin" in "International Clinics."

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

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PREPARED FOODS.

This is an age of prepared, ready-to-eat foods. The number of breakfast foods now on the market is so large that the up-to-date grocer's investment in breakfast foods represents considerable capital. The interprising gentlemen in Battle Creek who have pushed the various cereal foods certainly have succeeded in having the people breakfast according to their ideas. Meats, vegetables and fruits canned in tin are consumed in great quantities by the American people. Perhaps the dislike which the average American girl has to kitchen work explains in some measure the great sale of these foods. While the prepared cereals do not have the wonderful properties ascribed by them by the manufacturers yet they are wholesome and good. Many of the other canned goods are questionable, especially fruits which are frequently preserved with salicylic acid.

The latest thing in prepared foods is a preparation of potatoes. The potatoes are sliced thin, and passed through an elaborate process by which they are cooked and dried. The product is put up in paper packages. When the housekeeper wants mashed potatoes she simply empties some of this product in a dish, pours on some hot water, gives it a few stirs and serves you the hot article. This potato product is doubtless destined to have a great sale, and there is no reason why it should not. To the dweller in flats, the camper and many others it will be a great convenience.

Prepared foods of all kinds are so rapidly increasing that it may become necessary for our medical colleges to give special instruction regarding these foods. The doctor is consulted regarding the hundred or more breakfast foods in use and is expected to know all about each one. No one can tell the great future of ready-to-eat foods.

The popular American malady—brain fag. What is it? Simply that the American business man is so busy that he cannot find time to eat properly, to take exercise or to get fresh air. Instead he gets "brain fag" and consults frequently some one of the faddists of the day. These are cases where the doctor can accomplish more than the faddist by proper advice. Advise proper living, exercise, massage, baths as indicated. A little rest, good massage and proper baths will often do wonders for these cases.

In no occupation is experience worth so much as in the medical profession. Every physician of mature years values his experience highly, but he should avoid the tendency to rely solely upon experience. The physician of experience must also study modern progress and keep up with the many advances of the profession.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Insomnia.—Annoying insomnia can often be avoided by a little care. Anything which causes an increased blood supply to the brain causes wakefulness. Persons so troubled should not engage in brain work in the evening, and should not drink stimulants for several hours preceeding bedtime.

Epilepsia Loquax:—At a meeting of the Clinical Society of the New York Medical School and Hospital. Dr. Pritchard presented a patient suffering from this condition, aged 45 years. He said this was the only case of the kind he had ever seen. About nine years ago the patient began to suffer from attacks of vertigo and sudden pallor, the first of which was brought about by a shock. These attacks continued at irregular intervals for five years, when, at the onset of an attack, a spasm of the face was added to his other symptoms. He has continued to have these attacks with increasing severity and frequency up to the present time, when they assumed the type he proceeded to describe; the patient's face becomes very pale, twitching begins over the left eye (a few years ago the twitching had been over the right eye and it had been transferred to the other side of the face); then the muscles of the whole face begin to twitch, the hands become fixed, and a most profuse diarrhoea of speech follows, with perfectly distinct articulation continuing for a minute and a half. This is followed by characteristic semi-coma lasting for an hour or two, when the man's condition becomes normal. There is absolute loss of memory from the occurrence of some incident preceding the pallor until the awakening. The centre of explosion in such cases, it is assumed, is in the region of the centre of speech (Broca's convolution). Usually epileptics do not talk, yet this patient's only evidence of epilepsy is in his talking.

Dr. D. S. Dougherty said that while he had charge of the Epileptic Wards at the New York Insane Asylum, Ward's Island, one patient would have seizures in a corner, remain rigid for a moment, and then talk incessantly for two or three minutes, have a slight twitching, gall, and the attendants would put him to bed and he would sink into natural slumber.

State Society Journals.—It has been a popular expression with the writers of papers read before medical societies to say that their papers were "buried in the transactions" as though the volume of transactions were never read. The reiteration of this statement has had much influence in many states in causing the annual volume of transactions to be replaced by a journal. But we doubt very much if the papers are saved from burial by being published in a society journal. In many instances they are buried in society journals, never to be resurrected.

The very character of society journals is such that their circulation is limited. Only a small per cent of the members bind their journals, so that the many papers are glanced over and that is the end of them. On the other hand the recipient of a bound volume

of society transactions places the volume in his library and refers to it as occasion demands. The valuable papers read at the state medical societies should certainly be published in such a form as will be most useful. We do not make these remarks because state society journals injure the Recorder any as they do not. The Recorder is too thoroughly established and has a distinctive character of its own so that it does not fear competitors. We welcome them all and have no time for jealous slings at our competitors. The Colorado Medical Journal in commenting on a recent volume of state society transactions says:

This volume is a very conclusive evidence of the desirability of preserving the scientific reports of our state medical societies in permanent volume form. No one will pretend to say that the average recipient of our various state medical society journals, which generally appear monthly, or even of the Journal of the American Medical Association which appears weekly, will go to the expense of having them bound or will give them any permanent place in his library. On the other hand, it is equally safe to say that every recipient of the bound volumes of the proceedings of any state medical society, the papers read before the society being incorporated therein, will not fail to make for such a volume of transactions a permanent position in his medical library, and will find himself justified in so doing in the opportunities offered him for referring to the same repeatedly in looking up the literature of various subjects in which he may be interested.

* * *

Prostatic Hypertrophy.—At a recent meeting of the Philadelphia County Medical Society, Dr. Orville Horwitz read a paper entitled "The Radical Cure of Senile Hypertrophy of the Prostate; based upon a study of 145 operations by the Author." Dr. Horwitz stated that the question under discussion has, with the possible exception of appendicitis, attracted more attention in the surgical world than any other subject. It is well-recognized that the danger to the patient with enlarged prostate begins as soon as it is necessary to resort to the daily use of the catheter and when this period arrives a surgeon should be consulted to supervise the case and decide what operative measures are desirable or necessary. It was emphasized that no one operation was suitable to all cases and that each patient is a law unto himself in the matter of choice of nutrition.

The two operations which have stood the test of experience are prostatotomy by means of the galvano-cautery, (the so-called Bottini operation) and prostatectomy. The speaker stated that the Bottini operation is extremely valuable, safe and always to be preferred to cutting operations in suitable cases. Out of 98 cases operated upon by the author, by the Bottini method, three died, two of uraemia, and one of sepsis; all three were very old men. Twelve cases were lost sight of after leaving the hospital, but were much improved when last examined. This leaves 81 cases concerning which there was obtained definite knowledge as to results. The ages of the patients varied between 52 and 81 years. The speaker stated that his statistics proved conclusively that the earlier the patient submitted to operation, the better the results. Of the total, 81 Bottini operations all the patients were either entirely cured or very much benefitted; four required second operation, and a considerable proportion were treated for several months subsequently for accompanying chronic cystitis.

Prostatectomy, the speaker stated, is regarded as a valuable operation, but authorities differ as to when and how it is to be performed. As many as 20 dif-

ferent operations have been suggested. Here, too, the individual case decides methods, choice of operation, etc. The prostatectomies performed by the author were as follows: Three complete (suprapubic incision); six complete (combined suprapubic and perineal incisions); seven partial prostatectomies (suprapubic incision); thirty-four complete perineal prostatectomies.

Of the nine complete supra-pubic operations, two died, one of the suppression of urine, one of uraemia. In all the cases, convalescence was slow; in five cases the ultimate results were all that could be desired.

Of the thirty-four perineal prostatectomies, six died from uremia, sepsis or shock; six cases were lost sight of after leaving the hospital; sixteen were cured, four markedly benefited, one unimproved.

Dr. Horwitz summarized the results of observations in his 145 operations as follows:

1. A routine method is not applicable to the treatment of prostatic hypertrophy; every case is a law unto itself and the treatment will depend on the various conditions presented in each individual case.

2. The dangers attendant on the daily catheterism are greater than those of a radical operation performed at the onset of the symptoms by the obstruction.

3. The proper time to perform a radical operation is reached as soon as it becomes necessary for a patient to resort to daily catheterism.

4. The gratifying results obtained by a number of the operations in many cases demonstrates that the Bottini operation is one of great surgical value. It is applicable to a large percentage of cases; which if properly selected has proved to be the safest and best method of relieving an obstruction caused by prostatic hypertrophy. In those cases in which a stone in the bladder is associated with a prostatic enlargement, lithoplaxy may be performed in conjunction with a galvano-cautery prostatotomy.

5. A complete prostatectomy is justifiable if performed early before the individual is broken down in health and secondary complications have supervened. In early operation the results are most satisfactory, recovery rapid, the mortality varying between five per cent and seven per cent.

6. A complete prostatectomy in feeble elderly patients with long-standing obstruction and secondary complication, the prognosis is grave and the mortality ranges between fifteen per cent and eighteen per cent. If the bladder in these cases happen to be hopelessly disabled, the results obtained by the operation are negative. Cases of this description are only suitable for suprapubic drainage.

7. In ninety per cent of all cases the gland can be readily removed by means of a median perineal incision. The perineal operation recommended by Bryson is considered the operation of choice.

8. Complete suprapubic prostatectomy is shown to be more dangerous than the perineal operation for obvious reasons. A suprapubic prostatectomy is safer if combined with perineal drainage.

9. Partial suprapubic prostatectomy is indicated in such cases as where a valve-like lobe exists which interferes with urination, or where there is a partial hypertrophy of one of the lobes.

10. A perineal prostatectomy is best suited for those cases where the enlargement of the lateral lobes has a tendency to progress towards the rectum, to obstruct the urethra, or project backwards into the bladder.

11. A prostatectomy is always attended with more danger than the Bottini operation and the convalescence is more prolonged. In suitable cases the latter operation is therefore the one of choice.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

COMMONER DISEASES OF THE EYE; How to Detect and How to Treat Them. By Casey A. Wood, C. M., M. D., D. C. L. Professor of Clinical Ophthalmology in the University of Illinois, and Thomas A. Woodruff, M. D., C. M., L. R. C. P., Professor of Ophthalmology in the Chicago Post-Graduate Medical School, Chicago, etc. 250 Illustration; 7 Colored Plates. 500 pp. 5x8 in. Green Buckram, Gold Side-title and Top. Pages 499. $1.75 net. G. P. Engelhard & Co., Chicago.

This treatise on eye diseases is written for the general practitioner, and medical student. Synopsis headings, a complete reference index and numerous illustrations are given to make the subject of interest. The first chapter is a most excellent one on "Methodical Examination of the Eye"; the clear description given of the methods of examining will be found very satisfactory by the general practitioner, as he can get a better idea of the subject from these few pages than he could by wading through many pages in some of the works on the eye. All the commoner diseases of the eye are described without too much technicality, and the appropriate treatment given. The chapter "Ophthalmology in General Medicine and Surgery" shows the relation which exists between many eye diseases and general diseases. Another important chapter is on the ocular signs in certain diseases. "Common Pathogenic Bacteria that Invade the Eye" with six colored illustrations, shows the role bacteria play in eye diseases. One chapter is devoted to a description of remedies commonly used in eye practice, presenting the best and latest therapeutic agents. The book is not intended to take the place of the larger works on the eye, but as a working summary. As such it will be welcomed by many practitioners who will find the work all that is claimed for it. The illustrations are good and help very much to elucidate text. The printing and binding are excellent specimens of the book-maker's art.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners. By Leading Members of the Profession in all parts of the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Volume 1. Fourteenth Series, 1904. Pages 304. Illustrated. Cloth. Price $2.00. J. B. Lippincott Co., Philadelphia.

We have always considered a volume of International Clinics an elegant book for the price, but it is a wonder how the publishers can afford to furnish the present issue for such a low price. The volume contains about three hundred pages of text, three full page colored plates, forty full page half-tone plates and a number of other illustration. The plates alone are worth more than the price of the work..

This volume can be considered the year-book number of the series as nearly half of it is devoted to a review of the progress of the profession during 1903. David L. Edsall, M. D., of Philadelphia, furnishes the review of General Medicine, giving abstracts,

with comments, of the year's literature. Joseph C. Bloodgood, M. D., of Baltimore, contributes the review of Surgery. This section contains numerous fine illustrations. Dr. A. A. Stevens, of Philadelphia reviews the progress in Treatment, giving the latest in therapeutics.

We have space to refer to only a few of the excellent original contribution of the volume. Drs. F. Widal and A. Javal, of the Paris Hospitals write on "The Chlorid Reduction Treatment of Parenchymatous Nephritis." Dr. H. W. Cattell contributes an article on "The Practical Application of Cryoscopy to Medicine." An article worthy of special note is one by Carl Beck, of New York, on "Angioma and Its Treatment," with colored illustrations. A valuable article on "Intestinal Anastomosis," is furnished by Drs. J. G. Clark and J. W. Luther, of Philadelphia. A very practical article is "The Non-Operative Treatment of Inflammations of the Genital Tract," by Francis H. Davenport, M. D., of Boston. "Peripheral Neuritis," is an interesting and useful article by Dr. W. B. Pritchard, of New York. The only way to know of the many good things in this volume is to buy it and the reader will profit by it's many suggestions.

Manual of Clinical Microscopy and Chemistry, prepared for the use of Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized Translation from the Last German Edition, with Notes and Additions, by Henry T. Brooks, M. D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 148 Illustrations in the Text and 9 Colored Plates. Pages xxxii-412, Octavo. Bound in Extra Cloth. Price, $3.00, net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

This is a modern work on the exact methods of diagnosis. Lenhartz is one of the greatest diagnosticians in Germany, the land of laboratory methods, and this book represents a quarter of a century of practical experience. Dr. Brooks has well translated the work and has added many notes, results of his experience as a practitioner and a teacher of graduate students of medicine.

The first section of the book is devoted to a description of the vegetable and animal parasites. The second part is a thorough treatise on the examination of the blood by all known methods. The third section gives the methods of macroscopic and microscopic examination of the sputum describing its character in various diseases. Part four is the examination of the secretions of the mouth and of the gastro-intestinal contents. The fifth part is an excellent treatise on the examination of the urine.

Some of the additions to this edition of the work are sections on molecular concentration of the blood and urine (cryoscopy), the bacillus dysenteriae (Schottmueller), a new method for staining the blood and addenda on the Widal reaction.

The work is voluminous enough to be a successful working guide for the practitioner but it is not too large to be of daily use to the busy man. The book will be certain of a large sale as physicians in active practice need just such works. The many illustrations and plates add much to the practical worth of the book.

Contributions to Practical Medicine. By James Sawyer, Senior Consulting Physician to the Queen's Hospital, Birmingham. Fourth Edition. With many Revisions and Additions.

Cloth. Pages 227. Cornish Bros., Birmingham, England.

Two years ago we called attention in this department to the third edition of this book and now we are glad to welcome another edition. The volume presents some of the results of the many years experience by a medical man of large practice. The book is a collection of practical essays on practical subjects. Some of the subjects are: The Causes and Cure of Insomnia, Cure of Gastralgia, Floating Kidney, Cure of Habitual Constipation, Cure of Eczema, Cure of Chorea by Large Doses of Arsenic, Chloride of Calcium in the Treatment of Pulmonary Tuberculosis, Medicated Lozenges, Fuming Inhalations in Asthma, Ether as a Menstruum in Medication of the Skin, Diet and Diabetes.

The book is one from which every practitioner can get useful suggestions. This edition has been thoroughly rewritten and brought up to the times. The volume may be obtained through P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

Alkaloidal Digest.—A Brief Therapeutics of some of the Principal Alkaloidal Medicaments, with Suggestions for Clinical Application. By W. C. Abbott, M. D. Pages 208. Cloth. Price, 50 cents. The Clinic Publishing Co., Chicago.

This little book is the "primer of alkalometry" by one the greatest authorities on the subject. It gives the therapeutic indications for the principal alkaloids and tells how to enter upon the practice of alkalometry. The book is offered in combination with the Alkaloidal Clinic.

Dr. John Aulde, Kennett Square, Pa., will send you some good books on modern cellular therapy.

BOOK NOTES.

With renewals paying for the Recorder for one year in advance, we give 1000 premium labels.

Every subscriber to the Recorder receives one thousand premium labels. See advertisement.

When you send your subscription to the Recorder, please be sure to write your name and address very distinctly.

Some of the leading articles in Suggestion for May are: Breathing Exercises and Auto-Suggestion, by Herbert A. Parkyn, M. D.; True Charity, by Ella Wheeler Wilcox; Opportunity Speaks by William J. Lampton; Food Iron by Dr. J. H. Kellogg; Practical Psychology, Part I, by Prof. Edgar L. Larkin; A Discussion Regarding Alleged Supernatural Methods of Healing by Herbert A. Parkyn, M. D., Geo. C. Pitzer, M. D., and Prof. Elmer Gates; Reality by Dr. Geo. Carey. Samples free by addressing 4074 Drexel Boulevard, Chicago.

The May number of Lippincott's is notably stirring and strong from the opening page of its novelette through to the close of the last short story. "Figs from Thistles" makes Frederic Reddale's third appearance through the medium of a long tale in this Magazine, and his work may be honestly described as good, better, and best. This last shows maturity in both the plot and the handling of it. Two interesting papers in the number are "Some Roman Contrasts," by Maud Howe, which is delightfully readable; and "What Man is to a Bird," by the noted naturalist, Dr. Charles C. Abbott. The humorous department called "Walnuts and Wine" is generously supplied with jokes both rich and rare. This number also contains seven splendid short stories.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

AN HONEST CURE FOR THE MORPHINE HABIT.

By William S. Birge, M. D., Provincetown, Mass.

Superintendent of Ocean View Sanitarium.

Among the numerous medical frauds that are imposing upon suffering humanity, there are none that are productive of more harm than the advertising concerns that pretend to cure the morphine habit.

One can hardly take up a periodical of the day without coming across the flaming "ad." of St. Somebody's Society, or Association, guaranteeing a speedy and painless cure to the afflicted. I happen to know something regarding these concerns, having had occasion to analyze several of their so-called remedies, or specifics, and without exception, every one of them contained a larger or smaller proportion of the "drug that enslaves."

That there is an honest cure for this horrible addiction, I am certain, and knowing this to be the case I feel it my duty to make the same known to the public, for the sake of those poor unfortunates who are longing for freedom.

That it is an impossibility for a victim of the morphine habit to free himself without help is an assumed fact, and that the treatment of these cases by the medical profession at large, remains the same as it did a quarter of a century ago is also another fact.

The question of how I came in possession of a method of cure for this addiction that is unknown to the medical profession, at large, does not matter, suffice to say that it is a method that will cure and that too, in from one to three weeks, without pain, discomfort, or shock to the system.

The remedy used is a solution of mandragorin, the active principle of mandragora officinalis. Previous to beginning treatment the secretions must be gotten to working most thoroughly, the bowels should be moved most copiously, for at least two days, and a Turkish bath taken every day, or every other day, for a week previously. When the time comes for what I call the active treatment, the drug, which has been taken in the usual quantity up to this time, is dropped at once, no matter how much has been taken, or for how long a time. The solution of mandragorin is given hypodermically, beginning with eight drops, and continued every two hours for a period of seventy-two hours, except between the hours of two and six in the morning, when it is omitted. If this does not keep the patient perfectly comfortable the dose of mandragorin is increased to ten, fifteen, or even twenty drops if necessary.

As an adjunct to this treatment, with each dose of the mandragorin, one-eighth of a grain of pilocarpin is given, combined in the same solution. This keeps the skin in a constant moisture, which is necessary for the perfect elimination of the drug. Beginning with the morning of the second day I also give with the above mentioned solution, one-thirtieth of a grain of strychnia nitrate, and one-eighth of a grain of spartine, this continued during the remainder of the treatment. At the end of the seventy-two hours the patient is not only entirely free from the morphine, but has not the slightest craving for the drug. During the period of

treatment the patient must be kept in bed warmly covered, that the skin may be kept moist, and active. At the expiration of treatment he will be able to get up and dress himself, and take a moderate amount of exercise. He will declare that he has not felt so well at any time while under the influence of the drug, as he does now that he is free from it. During the treatment he will be able to sleep well, and to take his nourishment regularly, and with an appetite for it.

This treatment should be administered only by a physician who will be in constant attendance during the whole period of the treatment.

I have a record of over one hundred cases treated by this method, and have yet to find one case that was not cured, or one patient that will say that he suffered any discomfort either during or after treatment.

I would be pleased to give any further information to any one interested in this subject, and I will further say that I have nothing to sell, or am I interested in any medicine company. The preparation of mandragora that I use is obtained of the Tri-Elixiria Remedy Co., of Memphis, Tenn. The other medicines can be obtained of any reputable druggist.

AURAL CONGESTION WITH THREATENED ABSCESS.

By C. L. Steensen, A. M., M. D., New York.

Professor of Materia Medica, New York. Author: "Naso-Pharyngeal Disorders," Etc., Etc.

I would like to mention to my confreres that, in the treatment of acute attacks of aural congestion, with every indication of suppuration, both internal and external, and seriously jeopardizing the tympanum, and not infrequently with evidences of threatening abscess accompanied with the most lancinating pains, I have prescribed antikamnia and salol tablets with most satisfactory results. The congestion, fever and pain promptly yield to the persistent use of these tablets, and to attain this I ordered two tablets to be given every two hours. I am firmly convinced that with careful ablution and syringing of the external aural cavity with a mild antiseptic and anodyne solution, and the administration of this remedy, I have aborted the threatened attack and thereby undoubtedly saved the patient from a suppurative sequela, and no doubt in many instances, from operative interference, necessitating the trephining of the sphenoid, or the opening of the antrum to save life. As every practitioner knows, the operation is not infrequently fatal, particularly if the case be an advanced one and the patient an aged one.

As to the local application, I simply resort to tepid water, to which may be added a mild antiseptic, say five grains boric acid to each ounce and a little tincture opium. This makes an admirable application. This solution carefully injected from two to four times daily to warm and cleanse the vestibule of the ear, and with the administration of antikamnia and salol tablets, or antikamnia and codeine tablets, the practitioner will be rewarded with most gratifying results.

IMPORTANT TREATMENT OF CYSTITIS.

The improved methods of diagnosing diseased conditions of the genital tract have rendered the treatment of these conditions satisfactory and effective. The introduction of new remedies calculated to antagonize the causation and spread of infectious diseases follows the discovery of the origin of the infection. The use of formaldehyd and the application of its properties as an antispetic for internal administration has been in

progress for several years. Since the introduction of uriseptin as a remedy in the treatment of bacterial diseases of the uro-genital organs the management of these cases has been greatly facilitated and the response to treatment has been more prompt and lasting. In cystitis, whether acute or chronic, uriseptin exerts a powerful influence in controlling the formation of pus and reducing inflammatory action. Following the administration of this remedy the urine becomes antispetic to pyogenic bacteria and is rendered non-irritating to the mucous membrane and the growth of bacteria is inhibited. The liberation of formaldehyd renders the urine sterile and it becomes clear and free from pus and sediments. Uriseptin is also indicated in pyelitis, nephritis, gonorrhœa, gout, rheumatism, bacteriuria—in fact whereever a urinary antiseptic or uric acid solvent is required.

THE DANGERS OF ACETANILID.

There has recently been considerable discussion among statisticians and sanitarians both in this country and in England, as to the cause of the increase which has been apparent during the last three or four years in the number of sudden deaths from heart diseases. It has been suggested and with considerable reasonableness that many of these deaths are due to the increased use of acetanilid by large numbers of the people. There are two chief methods in which acetanilid is obtained by the people. One is in the form of headache powders which every druggist is aware are consumed in enormous quantities by all classes of the people. These powders are extensively advertised and freely bought over the drug store counter and are also sold in many large department stores. They all contain acetanilid, a powerful cardiac depressant which causes destruction of the blood corpuscles and transforms the hemoglobin into methemoglobin. This drug is unquestionably a powerful tissue poison and if used at all—and it is doubtful if it is ever indicated, should only be taken by the direction and under the observation of a physician. Phenacetin has the same antipyretic and analgesic properties as acetanilid without its dangers and should always be prescribed. Phenacetin, however, is much more expensive than acetanilid and as it is a drug which has been in very general use by physicians during the last few years, and as it closely resembles in appearance and in its general properties acetanilid, it has been discovered that large numbers of druggists in New York and doubtless elsewhere as well, have been in the habit of substituting the latter, charging for the more expensive drug and dispensing the cheaper. The New York Board of Health purchased through its inspectors 373 samples from as many druggists, asking in each case for phenacetin. On analysis it was discovered that out of the 373 samples, 58 only where pure phenacetin, 315 were adulterated with acetanilid, and 32 samples were pure acetanilid. This was at the beginning of 1903 and the facts having been published and the druggists warned that a second offense would mean prosecution, there was immediately a marked diminution in the amount of acetanilid dispensed and oddly enough the vital statistics for New York for 1903 showed a considerable falling off in the numbers of sudden deaths from heart disease. During the previous two years these deaths had been steadily increasing. We are well aware of the fallacy of such statistics and do not admit that the relationship between the popular use of acetanilid and sudden death from heart disease has been demonstrated, but we do think that the matter is of sufficient importance to warn physicians and through them their patients of the undoubted dangers of ace-

tanilid taken in the form of headache powders, or otherwise, and to warn druggists that substitution is a crime carrying with it a heavy penalty for the offender.—Editorial, St. Paul Medical Journal, March, 1904.

WHEN YOUR CASE IS WEAK ABUSE THE OTHER SIDE.

This maxim has been a favorite stand-by with the legal profession from time immemorial and unfortunately certain pharmaceutical manufacturers have recently seen fit to make use of that maxim. This is particularly true of the manufacturers of a certain iron preparation.

The impudence and effrontery with which these people try to hoodwink the medical profession is rather remarkable.

No other preparation ever came before the medical practitioner with so little detail as to methods of preparation, composition, therapeutic effect, etc., etc., and nevertheless the profession is asked to accept the wildest and most extravagant statements as to its wonder-working capabilities. This is not all. The makers of this preparation, in seeking the support of the profession covertly attack and sling mud at all other iron preparations that have been before the profession for years. They single out pepto-mangan, a combination which has stood tests of the leaders in the scientific medical world both here and abroad, an organic iron combination in which, in its results, the general practitioner and the hospital clinician have learned from experience to place implicit confidence.

This unbusinesslike method of attempting to cast discredit upon other reliable and thoroughly tested combinations we cannot term otherwise than despicable, and furthermore we know our readers cannot be influenced by unsupported statements of financially interested parties, but will always bear in mind that Gude's pepto-mangan was submitted to the profession as an organic iron product, and the results obtained by its use, as also the scrutiny of analysis by chemists of repute, substantiate all that has ever been claimed for it.

Attempting to foist upon the attention of the physician a product simply by insinuation that known articles are inferior, is a manner of doing business which should receive the stamp of disapproval by every one of our profession.—Toledo Medical and Surgical Reporter, April, 1904.

PHENADUL.

The Andrew Chemical Co.

Gentlemen: From the many powders introduced for surgical uses, I have been unable to select any one which seemed to me to fully meet the requirements for general surgical cases.

The powder furnished by your company known as phenadul has supplied that want for general work.

It has served me well in all classes of cases in which a powder is required and has been as serviceable when employed in the form of ointment or suppository.

It seems to possess local anesthetic properties and is spoken of by patients as being soothing in its effects.

I have used it freely in my work in the Union General Hospital as well as in private practice, and it has served me so well that I can recommend it to all others. Frank L. Burt, M. D.

Boston, Mass, August 15, 1903.

The Doctor claims that phenadul is the most satisfactory treatment for gangrene, carcinoma, varicose ulcers, etc., on the market.

One of the leading gynecologists of this section prefers phenadul to all applications for pruritus vulvae, erosions, specific or non-specific vaginitis, endocervicitis, etc.—International Journal of Surgery.

BRIEF MENTION.

Send to Bristol-Myers Co., New York, for a sample of sal-hepatica.

☙ ☙ ☙

The Natro-Phen Chemical Co., New Albany, Ind., will send you a free sample of natro-phen.

☙ ☙ ☙

Stearns and White Co., 187 Chestnut St., Chicago, will send you some interesting information.

☙ ☙ ☙

It will pay you to send for the catalogue of the Van Ness, Cooper Co., 244 W. 23rd St., New York.

☙ ☙ ☙

The dry hone made by E. A. Harrington, Waukesha, Wis., keeps razors and knives sharp. We have proved this.

☙ ☙ ☙

Write to the Butler Positive Treatment Company, San Diego, Cal., and they will give you their reports on treating tuberculosis.

☙ ☙ ☙

Edward Pennock, 3600 Woodland Ave., keeps one of the largest stocks of clinical thermometers in the country. He has them at all prices.

☙ ☙ ☙

If you are thinking of taking a course in refraction, write to the Golden Cross Eye, Ear, Nose and Throat College and Clinic, Chicago.

☙ ☙ ☙

The Kress and Owen Company, of New York, has just issued a 64 page book on the uses of glyco-thymoline. The book and a sample of glyco-thymoline are supplied free to physicians wishing to investigate the preparation.

A good remedy for relaxation of the womb and its appendages is aletris cordial, Rio; it strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

☙ ☙ ☙

A leading article in the June Recorder will be "The Nature of Symptoms as an Aid to Diagnosis of the Uterine Adnexia, and the Relation of Diseases of the Cervix Uteri thereto" by Dr. Henry T. Byford, of Chicago.

☙ ☙ ☙

Necrosed Bone. — Fractured jaw caused by extraction of tooth; bad ulcer, necrosed bone. Treatment with enzymol. Result, abscess and necrosed bone both cleaned out, and left the fracture so the bone is healing rapidly. —Journal of Medicine and Science.

☙ ☙ ☙

I have much satisfaction in recommending to the medical profession the preparation known as rheumatol. It possesses special efficacy in the cure of muscular rheumatism; its curative virtues are quickly apparent and are both very satisfactory and permanent. David Ward, M. D., 60 West 104th St., New York.

This preparation is made by the Rheumatol Co., New York.

☙ ☙ ☙

Extract from a paper "Consumption a Curable Disease" published in the Medical Summary, Philadelphia, Pa., written by N. B. Shade, M. D., of Washington, D. C., late editor, National Medical Review:

"Fitchmul seems to have a specific effect upon the mucous membrane and in addition to liquefying the sputa and relieving the cough, it is apparently the only remedy I ever prescribe that has the effect of superinducing a healthy circulation in the lung tissue and facilitating the phenomenon of endosmos-

mis." Recent clinical reports and physicians' samples free. The Fitchmul Company, Founded by A. Perley Fitch, 1886, Concord, N. H.

The Metropolitan Magazine for May opens with a beautiful reproduction in color of a pastel by Jules Guerin "On the Ever Balmy Shores of the Mediterranean." The war articles in the number are: "The War Lord of the East" by Stephen Bonsal, and "America's Debt to Russia," by Major G. Creighton Webb; both articles are profusely illustrated. Two nature articles are: "Signs of Spring" by Maurice Maeterlinck and "The Narrative of Buffalo and Bison," by W. A. Fraser. These are only a few features of the magazine. The many beautiful illustrations make this a good magazine for the doctor's reception room.

McClure's Magazine for May covers a wide range of human interest but the impressive effect of the number is produced by another appalling picture of the results of our industrial warfare. It is found in Ray Stannard Baker's article on the great labor conflict in Colorado between the striking miners and mine owners under the fitting title, "The Reign of Lawlessness." The inside narrative of the Hayes-Tilden election contest, written from new sources of information and hitherto unpublished facts by Joseph M. Rogers in an entirely non-partisan manner tells how this crisis in American political history was met and civil war averted. Thomas Nelson Page concludes his series of papers on the Negro Problem. These are the leading articles of the number.

There is still some difference of opinion among physicians as to whether the preparations of the active principles of cod liver old fully replace the administration of the oil itself. There can, however, be no difference of opinion as to the superiority of these preparations during certain periods of the year. During the summer months especially we have found them of great use, for there is a marked loathness on the part of patients to take emulsion or preparations having an oily nature. Among these preparations we have found Hagee's cordial of cod liver oil one of the most satisfactory. It is exceedingly palatable, can be taken by those with the most delicate digestion, without any disturbance of the same, and its effects are rapidly observed.—Colorado Medical Journal.

Iodonucleoid.—Iodonucleoid is an organic form of iodin, and G. Frank Lydston, in Medicine for March, presents the conclusions he has drawn from a large number of cases in which he has used it. (1) Iodonucleoid is a non-irritating, thoroughly assimilable form or preparation of iodin. (2) It is less likely to produce iodism from a given quantity of the contained iodin than any of the iodin salts he has used. (3) It is a perfectly stable preparation, which can be administered in pill, capsule, tablet or powder form. (4) While he is not prepared to state that it fills the role of iodid of potassium in every instance, he has no hesitation in affirming that in some cases which are intractable to the action of the iodid of potassium, excellent results are obtained from iodonucleoid. He is convinced that iodonucleoid is less toxic in its action than the ordinary salt of iodin, and it fills a unique place in the administration of iodin of female patients on account of its comparatively unirritating action on the gastric mucosa. Another special advantage it possesses is the fact that it can be advantageously combined with various mercurial and other salts.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. VII. JANESVILLE, WISCONSIN, JUNE, 1904. No. 6.

LEADING ORIGINAL ARTICLES.

CLINICAL LECTURE.

The Nature of Symptoms as an Aid to Diagnosis of the Uterine Adnexa, and the Relation of Disease of the Cervix Uteri Thereto.

By Henry T. Byford, M. D., Chicago, Ill.

Delivered at the College of Physicians and Surgeons of Chicago, March 10, 1904.

I have a series of cases to bring before you today which illustrate the frequency with which severe forms of inflammatory disease of the cervix uteri are connected with inflammation of the uterine adnexa, and also the value of the history of the case in doubtful diagnoses.

MENORRHAGIA FOLLOWING COMPLICATED LABOR.

The case before you I have not yet examined. Her medical attendant states that she has a pelvic tumor.

She has had two children, the last one being but six months old. Since then she has been afflicted with menorrhagia which is her only noticeable symptom. She does not complain of pain although she feels bad when she is on her feet for any length of time.

There are two conditions which I have most frequently met with as causes of menorrhagia following the puerperal state. One is uterine subinvolution due to extensive laceration of the cervix or to retained secundines. A lacerated cervix may become infected and the resulting inflammation may affect the uterine circulation sufficiently to interfere with normal involution, or the infection may extend to the uterine mucosa. Portions of the adherent secundines may be retained without becoming infected in the ordinary sense of the term and act as a foreign body to prevent complete involution. In such cases the menses begin within a few weeks after labor and are apt to be profuse.

The other condition is a puerperal infection that invades the tubes and results in salpingitis and oophoritis with peritoneal exudate. The exudate is mostly absorbed and adhesions remain fixing the adnexa in more or less of an unnatural position. Involution of the uterus is usually incomplete. In some of these cases instead of a prolonged period of pelvic pain and perhaps slight temperature the patient feels quite well except that she has menorrhagia. At first the flow may be somewhat profuse but before long it assumes more of the type of prolonged menstruation without being profuse.

In this case the menorrhagia seems to be more of the latter type and would point to disease of the uterine appen-

dages. The patient may of course have a tumor but uterine hemorrhage due to tumors seldom dates from the puerperal state. Deciduoma malignum does, but the hemorrhages are profuse and progressive and make the patient sicker than is this one.

Upon introducing the index finger into the vagina I find a deep cervical laceration on the left side, and a moderate enlargement of the cervix. It is held well back in the pelvis. By bimanual manipulation I find the corpus uteri enlarged and in a normal position. Behind and to the left of the uterus I feel a hard adherent mass that I can trace across to the right side where it unites with an elastic rounded body apparenty about the size of a hen egg, adherent on the posterior surface of the right broad ligament.

The round body to the right is undoubtedly a cystic ovary and the rest of the mass is the exudate extending from it to and including the left adnexa.

These conditions account perfectly for the menorrhagia. If the mass were a neoplasm large enough to extend across the pelvis it would push the cervix either forward or far to one side. Or if it were a small neoplasm involved in exudate there would also be a history of increasing pain. Growing tumors involved in exudate cause more and more interference and suffering as time goes on.

What should be done for this case? The patient is a young woman and we should try to cure her without unsexing her. To remove both ovaries, and as for that matter the uterus also, would be the most complete cure, and that could be done now as well as at any time. But as we wish to save one ovary or at least a part of one, I will advise that an endeavor be at first made to relieve the pelvic congestion and promote absorption of the exudate as that the parts will be in a condition for a conservative operation. In the present condition of the parts if we were to cut a part of an ovary the remainder would probably not do well.

I have observed that in such cases the patients feel worse and flow more when they are on their feet much of the time, and that menorrhagia can be controlled and the local condition improved by putting them to bed. But this is a poor woman who can not remain in bed for two or three months. Hence I will advise her to get assistance in her housework and to be up to her meals, but to lie down most of the morning and afternoon. After three of four weeks she will be allowed up all day except for about three hours in the middle of the day when she is to lie down continuously. She will be allowed to walk about and do light work but not to stand. She will be cautioned to sit down whenever possible.

After the menorrhagia has diminished or ceased and the hard exudate has nearly or all disappeared the right adnexa should be removed and the left ovary separated from its adhesions and be resected. The cervical laceration should not be repaired at this time for the manipulation and traumatism connected with a trachelorrhaphy would at present be liable to make the condition of the adnexa worse.

CHRONIC METRITIS SIMULATING MYOMA

The next case is one of metrorrhagia in which the discharge is profuse and has been so for severa years. As in the other case of menorrhagia we have just seen there are no marked local symptoms. She has occasional backache and has bearing down feelings in the pelvis if she remains on her feet a long time. She has had four children but the last two were born at six months and did not live. In a general way, however, she feels weak and bad.

Upon examination I find an enlarged

and badly inflamed, hardened corpus. The latter is nearly twice as wide and thick as it normally is and is considerably longer. The appendages are situated high up and not easily defined. To vaginal indagation they merely give a sensation of indurated and immobile tissue attached to and interfering with the mobility of the uterus.

From the bulging of the anterior uterine wall I am led to believe that there is an interstitial myoma about the size of a hickory nut, although the physical signs and the duration of the menorrhagia all point to chronic corporeal and cervical endometritis and also salpingitis and oophoritis with adhesions. When these conditions originate in the puerperal state the uterus remains large and myoma is often diagnosed when it does not exist. If a myoma had been the cause of the menorrhagia from the beginning it would have been much larger by this time. It is possible, however, that a myoma has been there for months or a year and is complicating the older inflammation.

When the uterus is not more than twice its normal size, is more or less fixed by adhesions, and when the cervix is enlarged, purplish in color and exudes large quantities of thick ropy mucus and when there is a history of puerperal infection be careful of mistaking the enlargement for tumor. Examine carefully and you will nearly always find that the irregularity of the uterine walls is due to exudate and adherent appendages.

(To be continued)

Of all the sounds on earth a word, of all the sights on earth a human face, make us aware there is a world within a world. Therefore are these things, a word, a face, the two arch-wonders of creation.—William C. Gannett, in "Of Faces and Their Making."

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 176, May Recorder)

TUBERCULOSIS OF THE BONES OF THE FOOT.

Tubercular disease of the bones of the foot is far more common than is supposed by the general practitioner. Many chronic suppurating affections of the foot which have been attributed to injury are really the results of tubercular infection and trauma has played only a secondary part in producing the condition.

The ankle joint is most frequently involved of the various parts of the foot and while disease of this joint is not so commonly met with as that of the knee, hip or spine, it is relatively more often met with in older persons.

Bone diseases due to tuberculosis are much more frequent in early childhood than any other period of life. Chronic infections of the joints or bones coming on insidiously must be carefully examined for tubercular manifestations in all cases.

In the metatarsal bones we sometimes have a tubercular osteo-myelitis developing, in which case the bone and central bone cavity is infected and involved in the process. This condition is at first limited to a single bone and is characterized by the gradual development of pain, tenderness and swelling. The inflammatory condition is not marked and severe in the beginning and the swelling slowly develops. The bone may become spindle shaped and if the process is neglected the infection spreads to the neighboring articulations. One of the tarsal bones may be-

come involved in the same manner and the condition is at first confined to a single bone. It manifests itself by the symptoms outlined, and diagnosis should be made early in these cases if possible, in order that the bone may be removed before infection has spread to other portions of the foot. Articular rheumatism is an acute febrile process and is seldom if ever confined to one foot, the painful symptoms also responding very promptly to the administration of the salicylates. In tuberculosis, there is pain when the limb is at rest and it may be particularly annoying at night. Tuberculosis of the lungs or other parts may or may not co-exist.

Where a diagnosis of this infection can be made, of a single bone it should be removed at once. The subsequent deformity and disability as a rule will be very slight. The spreading of a tubercular infection to the various joints of the foot may result in it's ultimate loss, so that the early removal of an infected bone is a very good practice.

The metatarsal bones are to be removed, through an incision made along their course. The periosteum may be saved, when not involved in the diseased process. Should the articulation between the toe and it's metatarsal bone be infected, the toe should be sacrificed, as such will be a plan most likely to result in the eradication of the disease. The operation upon any of the tarsal bones should be performed through an incision made over the infected bone. The bone may be removed entire, or in pieces after having been broken up with a chisel, particularly when the disease has spread to adjoining articulations. The cavity left after all diseased tissues have been eradicated, should be filled with pure carbolic acid. This is wiped out in two minutes and then the cavity filled with pure alcohol or 50 per cent alcohol. This should be left in four or five minutes. It is well to remove the elastic bandage at this time and when it is off the alcohol can be washed out with sterile water and bleeding points secured with the assistance of the irrigation. The Esmarch bandage or some efficient form of elastic constriction for securing a bloodless field for all these operations is particularly useful. All early operations are more or less exploratory. Particular care should be exercised in securing aseptic surroundings, for if it be possible to secure the entire removal of diseased tissues closure of the wounds will be followed by primary union and a rapid convalescence.

When the disease has extended into the ankle joints or primarily involves the parts about the ankles we have symptoms of tubercular bone disease developing which are quite characteristic. The patient suffers from pain, swelling, tenderness and the function of the limbs is impaired. In other words, there is decided limitation of motion. This is nature's effort to protect the diseased parts. The muscles contract and prevent surfaces being brought in contact by motion of the joint. This limitation of motion is more or less in all directions but may be noted particularly in one direction. In eliciting this symptom it will be noted that the muscles resist the passive movements of the limb. The examination causes discomfort to the patient, and in spite of the patient, muscles remain contracted limiting the movements of the joint. This muscular spasm or rigidity is a very valuable symptom and must be remembered.

Muscular rigidity, limitation of the movements of the joint, deformity and swelling about the ankle, all signify an infection which has extended to the joint surfaces and early operation is not as clearly indicated as in the case of involvement of a single tarsal bone.

FIGURE 1.

FIGURE 1—Illustrates the removal of one of the metatarsal bones, an operation which may include the removal of the toe attached to this bone or may not according to the judgment of the operator. If the patient suffers an osteomyelitis and the disease be still confined to the metatarsal bone it may be well to leave the toe, but should it have extended beyond the metatarsal bone and involved the articulation and particularly the phalanx beyond in young patients at least the removal of the entire toe is indicated as this member will be dwarfed and useless. The loss of a finger is of more serious import than that of a toe, yet the surgeon will often make no error by applying this same rule in treating disease of this kind of the metacarpal bones. The finger which patient would possess in after life if dwarfed and with an imperfect connection with the hand would make a peculiarly unsightly deformity and the utility of it is so slight as not to commensurate for its retention.

FIGURE 2.

FIGURE 2—Represents the line of incision used in operations upon the ankle where the more perfect access of a more extensive incision can be dispensed with. Good access to the ankle cannot be obtained except through the division of important structures and many plans have been devised for minimizing the injuries incident to operative intervention upon these parts. In the operation of this kind after the soft parts have been divided the external malleolus is sawn through and turned downward with its attachments and is to be retained in place at the completion of the operation by absorbable sutures through the periosteum and fibrous tissues attached to it. The joint in this operation is somewhat exposed by as much eversion of the foot as the short incision will allow, but this will be a great deal less than is possible through the incision illustrated in Figure 3. Where the astragalus is to be removed it is grasped by strong bone forceps and bitten out piece by piece or is broken up by a chisel when its fragments can be removed. The removal of the astragalus is not to be considered an operation of last resort as it is not infrequently followed by but little deformity and functional impairment of the member. The removal of this bone was spoken of in connection with the treatment of club foot.

FIGURE 2.

FIGURE 3—Illustrates the line of incision where free access to the joint is desired. The soft parts are severed and then the assistant dislocates the foot inward as is shown in the following illustrations Figures 4 and 5. The operator by this incision and dislocation can see the condition of the joint surface exposed before him and any diseased bone or soft parts can be removed. The complete removal of all diseased tissues will mean much for the patient, and the exploration while inflicting much trauma to the member, may be the most fortunate experience the patient can enjoy. Radical operations resulting in the entire removal of the diseased parts is much more likely to be followed by a cure which is permanent, than any of the methods of treatment which do not affect their cure by the removal of the diseased foci. While a diseased mass of tissue may be replaced by cicatricial tissue, in not a few cases it is merely surrounded by such and later the disease may succeed in breaking through nature's protective wall of cicatricial tissue. The foot after this operation is to be carefully replaced and the soft parts accurately sutured unless it be impossible to entirely remove the diseased foci, when iodoform gauze may be used packing the cavity and partial closure only affected at this time. Some good surgeons condemn the use of the gouge, yet it may offer the best means of freely removing diseased tissues when there is an extensive diseased condition.

FIGURE 4.

FIGURE 1.

The process may be in great part confined to the astragalus and this bone may be removed without greatly impairing the value of the foot although the operation for its removal is only to be practiced after careful deliberation.

In such a case as this the astragalus should be attacked from the outer and anterior aspect of the foot.

A curved incision should be made beginning posterior to the external malleolus and extending forward. The peroneal tendons should be divided and the tendons of the muscles extending down the anterior and outer aspect of the foot should be loosened and drawn well away to the inner side. The external malleolus should be sawn through or preferably separated with a chisel and turned down. The capsular ligament is freely divided and the foot forcibly tilted inward. The extent of the operation will depend entirely upon the extent of the disease. Oftentimes the bone can be removed with much less injury to the soft parts and the parts about it by breaking it into several pieces with a chisel. The articular surfaces exposed are to be carefully examined for any diseased areas and such should be completely removed if possible. The complete removal of diseased areas will allow immediate closure. The capsular ligament is drawn together with sutures of chromicized

gut, the malleolus is replaced and sutures of gut or tendon are passed through the pereosteum and it secured in place. The tendons, which have been divided in the operation, are carefully re-united and tendon sheaths which have been opened are closed again if possible with fine catgut. Extensive operations are not looked upon by some with favor and probably where it is clear that the disease cannot be eradicated it will be best to treat the case by immobilization and rest.

Plaster of Paris bandages furnish an excellent means of immobilizing the joint and they will prove to be the best means of treating the great majority of tubercular ankles. The ankle should be put up with the foot at a right angle to the leg with the inner border turned somewhat upward as there is a tendency for valgus, or flat foot to develop. The patient should refrain from the use of the limb to accomplish which, a thick-soled shoe can be put on the sound foot and the patient can then get about on crutches, swinging the affected member. The plaster bandage may be left on for a month but I prefer more frequent changes; as the limb improves the bandage becomes loose and fails to perfectly exercise its function so that more frequent changing of the cast is better in my mind. If the foot is in a deformed position at the first application it should be corrected as much as possible. The succeeding dressings should not be applied until gentle efforts have been made to correct the deformity. This treatment may be complicated by the development of an abscess. In fact most cases of tuberculosis of the ankle are followed by abscess. The abscess should be opened only after the limb has been most thoroughly cleansed, and it should be carefully protected by sterile dressings for a number of days after the abscess has been opened. The opening of the abscess will be followed by a persistent sinus in some cases. This should be re-dressed as often as the dressings are soiled and will necessitate an opening in the cast over the sight of the sinus. This can be made each time with a knife after the bandage has been applied. The sinus can be dressed with any stimulating antiseptic. Iodoform has enjoyed a well-deserved repute in treating tubercular lesions but its action is best noted in cavities which do not communicate freely with the open air. Iodoform emulsions can be injected into these joints with a view of hastening the relief of the condition. Their utility has been questioned by many surgeons. The injections are simple, A sterile syringe loaded with a sterilized iodoform emulsion is carried into the affected joint or tissues and the iodoform deposited. The preparations in glycerine and in ether are followed by considerable irritation and this results in the deposit of plastic material about the affected area. If such can be organized into connective tissue it wil check the disease. This is one of nature's methods of curing the condition by its encapsulation in connective tissue. The diseased products may be allowed to escape by abscess formation or they may be destroyed and carried away in the circulation and the diseased area replaced by connective tissue.

Great importance should be attached to the general care of the patient suffering with tubercular infection of any part. Plenty of fresh air, sunshine, food and sleep are necessary. The patient should be kept outdoors as much as circumstances permit. Exercise of unaffected parts must not be neglected. Forced feeding with the nutritious kinds of food should be carefully persisted in. Cleanliness of person and pleasant surroundings all aid in maintaining the standard of health. General tonics should be used, according to the best judgment of the profes-

sional attendant. Early improvement can be looked for in many cases, while in others the process will become worse and the limb will have to be sacrificed.

When improvement occurs, and the symptoms disappear, one must be careful to warn the patient not to be too early in discontinuing the treatment. This much be kept up until all symptoms have disappeared and the patient should be warned that relapse is common. Injury will play an important part in causing a return of the disease and the patient should take precautions to avoid such as it may not be followed by as prompt a resposne to treatment as it did in the first instance.

(To be continued.)

TRAUMATIC LESIONS OF THE ARTERIES AS AN ASSOCIATE FACTOR IN FRACTURES.

By Thomas H. Manley, Ph. D., M. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

In various types of fracture, independent of those which communicate directly with the atmosphere, the vessels suffer serious damage as well as the nerves.

We are too apt to fall into the common error of concentrating our attention on the bone lesion, alone.

It should be always remembered that a multiple fracture, or one attended with shattering of bone invariably compromises the adjacent vascular trunks. It may tear them in two, lacerate or contuse them. Free vascular leakage is one of the most constant phenomena in nearly all fractures, and according to the doctrines of Hunter and Brechet this effusion contributes largely in the process of reparative osteogenesis and union of the fragments.

The extent of damage to an artery varies in degree. Thus in one, immediately after the bone is fractured the circulation beyond the seat of injury totally ceases and does not return. In another case, after a time the circulation becomes re-established, in a third it does not abruptly cease, but the process of definite stagnation is very gradual and gangrene commences late, in a fourth class, the main arterial trunk though damaged, yet permits a reduced current to pass through it, and it is only when senile changes set in, that the circulatory apparatus in the formerly injured limb shows signs of degeneration.

It is impossible to definitely determine at the time of injury the precise extent of damage to an artery or its collateral branches. A lesion of the main trunk of a limb succeeding fracture is primarily produced, in one or two ways. First, the vessel being caught and crushed between the surface of the bone and some hard resisting object and, second, through it being lacerated or torn in two by the displaced fragments. A third cause might be added, as the premature or injudicious adjustment of dressings and supports.

In this class it should not be forgotten, that the initial damage to the vessels was the primary violence, which they sustained at the moment of fracture, and that the secondary phenomena, which sometimes arise, are not in consequence of mal-treatment, but, are simply a coincidence though no fixation of any description were applied, over a sound limb might produce no harm, yet, over one with damaged arteries, they may contribute towards the destruction of the limb.

At the present time, (June, 1904) a man is under my care which illustrates many important features in

connection with this study of vascular lesions associated in fractures. He was injured a week ago, by having his left thigh run over, by a truck loaded with brick. The wheel passed over the lower third of the femur producing a closed fracture. He was immediately brought into the hospital, but, so great was his state of shock, that further than placing the limb, comfortably extended, on a long pillow, the house surgeon did nothing, but addressed his chief attention, very prudently to the man's general condition. So weak was he on the day after admission that I did not venture the risk of a thorough examination. On the third day unmistakable signs of dry gangrene commenced in his toes. In this case, had the house surgeon adopted the ordinary custom of immediately placing the limb in a firm adjustment, the chances are, that he would be charged with having destroyed the limb, by too tight bandaging, or the injudicious use of splints.

The arteries of the extremities most exposed to injury in fracture, are the brachial, the femoral and the popliteal.

The femoral artery where it dips down, through the firm tendinous opening of the adductor-magnus is so immobilized that it cannot roll or slide aside in the event of sudden compression against the shaft. It was about at this point our patient's vessel suffered damage. The popliteal is another artery greatly exposed to injury when the thigh is caught and violently compressed near the articulation. Three years ago I amputated for gangrene of the right leg and foot, which followed ten years after the patient had sustained an intercondyloid fracture of the femur. The patient was a stone cutter and had the bone fractured, by a rock falling against another, forward.

On dissection of the amputated limb the popliteal artery was found to consist of a firm impervious cord, the limb below, having been wholly nourished by the collateral vessels.

We can easily understand how displaced fragments may dangerously compress an artery or tear widely open a vein. Thus, when the bones give way at a point where the artery is fixed at a point over the inferior fragments, it is carried down from above and twisted, compressed or contused by the mobile, upper fragment.

The artery of the young, healthy adult maintains a marvelous tolerance of traumatisms and survives most any degree of traumatism provided it is not ruptured through.

In those, past middle life, in whom the arteries may be fragile and the circulatory current begins to show diminution in the force, the case is different, and in all severe fractures of the humerus or femur, with them, the maintenance of the circulation, becomes a matter of paramount importance.

It is my conviction, that one of the principal reasons, why we sometimes fail to secure union in femoral fracture of the aged, atrophic changes occupy the whole limb, is because of damage borne by the circulatory apparatus at the time of injury, through which impaired nutrition follows. Gangrene of the hand or fore-arm is seldom witnessed of such a description as entail their sacrifice; in simple fracture it is very rare and unusual in young and vigorous subjects. But, in those advanced in years, with atheromatous vessels or those suffering from diabetes mellitus or other constitutional maladies, a serious fracture of the humerus may endanger the utility of the arm, in consequence of damage to the brachial artery.

Fracture of the humerus above the condyloid ridges and below the surgical neck occurs most commonly from

direct violence. Below the outer edge of the tendon of the latissimus dorsi, as far down as the tendon of the biceps the artery rests on the triceps, the coraco brachialis and the brachialis anticus and is freely movable. Here, it courses on the inner side of the shaft out of harm's way, when the arm is struck from above, behind or on its outer lateral outline.

In an injury of the artery associated with fracture in this part of the shaft, it proceeds probably from the displaced fragments, rather than from compression against the bone cylinder.

The artery is endangered in the treatment of this fracture, in this situation, because of the difficulty so generally experienced in retaining the fragments in apposition, and the possibility of employing too much tension on the bandage, in this manner cutting off the circulation from the parts below, for this vessel on account of its exposed position is very easily, dangerously compressed.

SYMPTOMATOLOGY OF EXTENSIVE VASCULAR LESIONS IN SIMPLE FRACTURE.

After a severe fracture of any part of the long shafts of the extremities, or one extending into a joint the shock to the general system is severe. The limb itself is cold, bloodless and benumbed. It may be greatly deformed. The muscles are relaxed and flabby and at the point of bone disorganization it has a flail-like motion.

On examination, we may discover nothing more than an ordinary break, with more or less displacement. There certainly may be nothing, that would lead us to suspect damage to the vessels, yet.

In another we may find the shaft occupied by a double fracture, or by what Dr. Charles A. Powers designates a bean-bag fracture. Under the hand in the latter class, we will observe the integuments distended, by an accumulation of fluid blood. This sacculation is filled with fragments of shattered bone, of various sizes. When its area is limited, nature will solidify or resorb the osseous residue, but when of considerable extent and especially when an articulation is involved, it is a condition of evil augery, the significance of which, implies a fatal lesion of the blood vessels.

In simple fractures of the fore-arm or leg, Colle's fracture of the wrist, when but one bone is shattered some one of the three, main sub-divisions of the arterial feeders escape and thus, the circulation to the parts beyond is maintained intact. But, even when both bones of the leg or fore-arm are simultaneously crushed the chances of preservation of the limb are much better, than when an equal amount of shattering is sustained by the mono-vascular segments of the bone above. A brief examination into the anatomical arrangement of the vessels, their increased number and deeper situation will explain in a large measure, the difference, in tolerance.

When the skin is unbroken over a complicated-fracture, although by various circumstances, we may reach an approximate estimate of the extent of vascular damage, forcast, at least must be of a very uncertain character.

We can determine nothing definitely as to the quality of circulatory implication, after a fracture until reaction sets in or evidence of inflammation are present.

Now, signs and symptoms, objective and subjective, will announce themselves which reflect great light on the underlying pathological conditions, though, even yet, in many cases, we must not be too precipitate and prematurely condemn or sacrifice a limb, which might be saved, by a more circumspect discreet course.

HYPNOTIC SUGGESTION.

J. R. Etter, M. D., Crawfordsville, Ind.

In a former article I remarked, that hypnotism had been used so long as a mere matter of entertainment on the stage, and by mountebanks, that it had become in disrepute by the medical profession, and I might here add, that in many localities, the profession is so far behind the times that they are ready to cry out against any physician who is even willing to investigate the subject. While this is true, yet it is also true that those who do the crying out are more to be pitied than those who are cried against. Any physician who is unwilling to give time for candid investigation of a subject that is of as much importance as this, is unworthy the name of physician and the more so, when it is known that some of the best medical talent in this country and Europe have not felt it derogatory to investigate the phenomena. Many of the most eminent physicians have not only investigated the subject, but have testified to the wonderful results obtained from its use.

Hypnotism, is but a series of "Suggestions," and should be classed as "Suggestive Therapeutics," by calling it by this name, it might take some of the scare from the very timid, and so-called regulars, who are so ready to cry out "Quack," or imposter when a man reports or discourses favorably on the subject of hypnotism. Suggestion is the most potent of any remedy that the physician can use, and while speaking of it as a separate entity, many physicians will decry against it, yet there is not a physician who practices medicine that does not in some way use "suggestion." The bearing of confidence that a physician exhibits when he enters the sick room, has much to do with his success in the case at hand. If a physician really wants to know what "suggestion" will do for a patient, let him get two or three persons to visit his patient at different times during the day, and tell them how much worse they look, than they did the day previous, and that they think they are getting worse very fast—and see if the patient does not get worse, and at the same time, look out that you do not get discharged and some other physician be called. A well authenticated case is on record, where a professor of a famous college, started to his class, and students were scattered along the walk, each one of them telling him how bad he looked, and that he surely was sick. When the question was first propounded to him he said "That he never felt better in his life," but before he got to his class room, he turned about and went home and actually went to bed, and had a long spell of sickness. The physician who wears a smile, and a look of confidence, when he enters the sick room, is the one that will have the best success in rescuing his patients from the inevitable. How many times can you, my brother practitioners, recall when you have entered the sick chamber, and found all around with long cadaverous faces, and your patient nearly dead, that you have inspired hope, and actually saved the life of the patient, by telling them that the crisis had passed and the patient now had a good chance to get well. What a change of every one surrounding the patient, and with what renewed vigor did they carry out your most minute directions.

But suppose that you had told them that there was no hope for the patient yet had given directions for them, to do this or that, and that there might be one chance in a thousand—then if the patient demurred against anything that was proposed to be done, every one would say—let him die in peace—as the doctor says that he cannot get well anyway.

How different it is, when the doctor inspires hope in the nurse and friends. Every one is ready to carry out the very minutest direction of the doctor, and give the patient the chance of a hundred that hangs in the balance.

It is this confidence that one human being inspires in another, that moves the world, and achieves all our victories in war and in peace.

It was hypnotism—suggestion—that caused the Maid of Orleans, to lead the hosts to victory. Frail girl though she was, she had that confidence in her cause that enabled her to inspire her followers to believe that they could achieve a victory—and they did. It is this trait that resides in the human breast that makes men leaders of men.

It is not every one that becomes a good mechanic, or a good general, but there is none that do not have some influence over a certain part of the race—this is fully demonstrated in every community where we see certain persons that in a way, lead the people. It is to this unknown something that is attributed the divisions of society into political parties, religious sects, and physicians' patrons. Let two strange physicians locate in a town at the same time, and let them dress alike, act as near alike as it is possible for them to and how soon do we see the community dividing their patronage between them. A certain set will at once flock to one, and a certain other set to the other. One set thinks their doctor is all there is, and would not have the other doctor under any circumstances, while the same occurs with the other set—why is this—can it be accounted for on any theory, other than that of hypnotism—suggestion—or that character of affinity that is inherent in humanity. If one doctor could please every one, how would it be possible for him to attend to his calls. It takes us all to make the world, and no one is so insignificant that he does not have influence over some other one. This is the sum and substance of hypnotism. Every one may become a hypnotist, but not every one that can hypnotise every other one, one may hypnotise five, while another apparently not as well equipped in education or appearance, may hypnotise a hundred out of any given number. There is that unconscious something residing within us that makes us hero worshippers, that unknown quantity which has been called the sub-conscious mind. The lowest being in the scale of humanity, has a hero pictured in his sub-conscious mind that is higher up than he, and he unconsciously follows him as a guide, and that guide has one still higher than he, and so it goes on through all the grades of humanity. No one has ever attained to his perfection, but ever has a higher ideal than himself and it is to this fact that men progress step by step to the higher rounds of fame.

Even the savage, in his primitive state, has chiefs, and they have their gods to worship, whether of wood, stone, sun, moon, stars—or the character of some great medicine man or chief. The war dance of the savage is but a great hypnotic seance, and when their chief—the great hypnotist of the tribe—tells them that their god has granted them the right to go to war and assured them the victory, they will go with all the assurance possible to the fray, and will do and dare, with the firm conviction that they cannot fail. They are hypnotised. I think I have made the subject plain enough, that my brothers in the profession need not fear to investigate, and know for themselves what is being done in this line, and possibly make some important discoveries.

A person cannot be put into the hypnotic state unless they are willing to accept the suggestions of the hypnotist, and put themselves in a passive condi-

tion—receptive if you please. Those who practice hypnotism from the stage for purposes of entertainment, always get the people to believe that they have some peculiar power over others, and that it is this wonderful power they have that enables them to control subjects, and when they have succeeded in impressing this thought they have more than half hypnotised their subjects.

People go upon the stage with the thought that it will be next to impossible to resist the great power of the operator, and they become easy subjects of his suggestions, so that when he tells them, they are getting sleepy, they immediately believe it, and Presto, they sleep.

One who attempts to hypnotise another, must lay aside all levity, and proceed in the most earnest manner, and this is probably one of the best evidences that it is the process of suggestion only—that is if you try it in a half hearted manner, jesting and telling the subject that you are just trying to have some fun, you will never succeed, but if you give them to understand that it is a solemn matter with you, and that you mean just what you say, it is not hard to hypnotise a large per cent of those who desire to be. As I have before remarked, it is impossible to hypnotise one that firmly believes you cannot, or that have their mind made up that they will not be, it is only those who in the silent recesses of their being think you can, and therefore believe your suggestions, though they may outwardly say that they do not think you can, yet they unconsciously accept what you say to them. A patient who really desires to be hypnotised for beneficial purposes is as a general rule easy to influence, and when once under your influence, suggestions for their good are very lasting. Those who have given anesthetics know how much easier it is to procure sleep in a subject that has confidence in your ability, and who have no fear of danger from it, than in those who go on the table in great fear. The rule is laid down by some of our most eminent men, that a subject will take an anesthetic much more kindly, if the anesthetist continually assures them that there is no danger, and that they are going under its influence nicely, just try it once and see what a difference it will make.

When one begins to feel the effect of the chloroform, they are very susceptible to suggestions, and in fact, if they are continually assured that they will feel no pain, and that they will have no bad after effects from it, they will stand the operation with half the amount of chloroform and will seldom have any sickness follow its administration.

This has been my experience in a number of cases, where I have instructed the anesthetist to carry out the above rule.

It is a rather interesting thing to know, that the first intelligent description that was given in modern times of hypnotism, was promulgated by Friedrich Anton Mesmer, who attained his degree of doctor at Vienna, where he studied under Van Switen and Haen, then professors at the college. It was in 1775 that he made his first authenic reports, so it is not such a new thing after all, and not so foreign to the medical profession as some would make believe. In 1841, Dr. Braid, the famous physician of Manchester, England produced the hypnotic state also and from that time on, there has been eminent men in the medical profession that have spent much time investigating the subject. One studying the subject need not fear of being in very bad company. Dr. John Duncan Quackenbos, fellow of the New York Academy of Medicine, member of New York Academy of Sciences,

member of the American Association for the Advancement of Science, and member of other societies, has spent much time and research on the subject, and one has only to read his writings, to be fully convinced that there is much of good that may be obtained from hypnotic suggestion.

In some of my previous papers I have given a list of eminent men in the medical profession that have indorsed hypnotic suggestion as a valuable adjunct to the armamentarium of the doctor. I do not, nor have I ever made hypnotism a hobby, and have only used it where it seemed to be the best remedy, just as I would always use the best drug first.

It is not always necessary to procure somnambulism to get good results from suggestion. If a patient comes to you in confidence that you are able to help them, and you firmly impress them that you can, they are sure to be benefited by your suggestions. It has become almost a fixed law among physicians, that when a consultant is called in a case, that he delivers the opinion, "That the attending physician has done, and is doing all that can be done for the patient," and we call this Ethics. When a consultant is called, it is prima-facia evidence that the friends think he will be able to shed some new light on the case, and it is for that that they call him, but when the stereotyped opinion is dragged forth, they are dissatisfied, and no extra confidence is established by reason of the consultation. While I do not think that the consultant should do anything to injure his brother in the case, yet I also think that the duty of all physicians is to do the very best possible for the patient, it is the patient that we are called to treat, and not the doctor. The family expects something more for their money when they call in another physician in consultation, than the simple decision that no change is needed. It may be true in many cases that the treatment being pursued is all right, yet the mere suggestion of the consultant of some minor addition, or some little change in the diet, will inspire a renewed energy on the part of the friends more fully carrying out directions, and thereby be of great benefit to the patient. It is not necessary for the consultant to say that the attending physician has in any way failed in his duty but that the conditions just developing call for some additional remedies. Hypnotism is not a cureall, in fact it is not the remedy per se, but only puts the patient into a receptive state for suggestion, and it is the suggestions that remedies or cures the case. The objective mind goes to sleep, but the subjective, never, and it is to this fact that hypnotism owes its results. When the objective mind is asleep—hypnotised—then the subjective will receive lasting impressions, that will be carried out by the objective mind in its waking moments. In natural sleep, the objective mind is in abeyance, while the subjective mind is on duty, and thus it, as Dr. Quackenbos and other authorities say, that a mother can talk to her sleeping child, and by oft repetition night after night, she may remedy many of the faults of the child, where she has not been able to do so during waking hours, either by persuasion or punishment. Doctor Quackenbos has probably experimented more in the line of correcting vicious habits in children than any other reliable authority, and it would be well for the profession to carefully read his works on the subject. Doctor Pitzer, who was for many years professor in a medical college, editor of the American Medical Journal, author of "Electricity in Medicine" and a practician for more than thirty years, also relates many startling instances of beneficial results from hypnotic suggestions.

PTERYGIUM.

By J. P. Thorne, M. D., Janesville, Wis.

Attending Ophthalmic and Aural Surgeon, Palmer Memorial Hospital.

Read Before the Central Wisconsin Medical Society, April 24, 1904.

The frequency of pterygium, especially in this locality, the annoyance and trouble it causes, and the satisfactory results of proper treatment cause me to believe that a consideration of the subject may be of some interest. What I shall say is largely based on my own experience with several hundred cases.

A pterygium is an abnormal, fleshy formation, consisting of hypertrophy of the conjunctiva and subconjunctival tissue.

You will recall that the bulbar conjunctiva consists of a basement membrane, the tunica propria, and epithelial cells. In the cornea the tunica propria becomes the lamina vitrosa anterior. A marked characteristic of the conjunctiva is its great elasticity. A pterygium is of a triangular shape with the base at, or near, the canthus and the apex on the cornea. It usually is on the inner side of the eyeball, occasionally on the outer side and very rarely on the upper or lower part. An extremely rare condition is to find two pterygia on the same eye, on both the outer and inner sides. Some writers have stated that this never occurs, but I am sure it does as I have seen it.

A pterygium is considered as being composed of a body and a head. The body shows increased vascularity, the tunica propria is thickened and shows fibrous degeneration, increase and irregularity of the epithelium. The subconjunctival connective tissue is increased. The head is a circumscribed detachment of the lamina vitrosa with its epithelium.

The formation is seldom found in children. Fuchs says 48 is the average age, which may be true in Europe but it is not in this country. I have seen and operated on a good many cases in the twenties but a case under 20 years of age is a rarity.

FIGURE 1

FIGURE 1—A well developed Pterygium.

Etiology.—The causes of pterygium are various. Chronic inflammation of the conjunctiva injures it and favors the formation of pterygium, although only a few cases are due to this alone without other causes being added.

Climatic conditions have an important bearing on the etiology of pterygium, the condition being much more prevalent in certain localities than in others. Heat, wind and dust are important etiologic factors, and where they prevail, the most pterygia are found. Heat and wind cause the tears to evaporate so that they cannot accumulate in sufficient quantity to wash away foreign

particles, which accumulate in the palpebral fissure and act as a continual irritation.

Injuries of various kinds, burns, and foreign bodies in the conjunctiva start a chronic irritation which results in a pterygium. I have had quite a number of railway trainmen give a history of the lodgment of a cinder in the conjunctiva which there was difficulty in removing, that a chronic irritation persisted and a pterygium resulted. Occupations where there is much dust are prone to cause the trouble. -Sand, flour dust, stone dust are all common causes. A reason we find pterygium more on the inner side of the ball is that these particles are naturally washed to the inner side, there remaining in many cases, while the outer side is free from foreign particles. This constant irritation and congestion results in chronic plastic organization.

Farmers, cab drivers, sailors, motormen frequently have pterygium from the exposure to wind and dust.

Pingueculae can be considesed a cause in some cases. The irritation which they cause resulting in a regular pterygium or the irritation of the hypertrophied epithelium of which they are composed causes the pterygial growth.

Ulcers at the margin of the cornea are a cause. A fold of conjunctiva in healing is caught during the process of healing and is drawn into the healed area. This leaves a rough surface upon which foreign particles lodge and the pterygium follows.

In my own experience I have seen cases due to all the above causes. About some of the etiologic factors there is dispute. Fuchs says, pterygium is usually the result of a pinguecula while others say pinguecula never causes pterygium. Arlt says, a marginal corneal ulcer is a leading cause while De Schweinitz says it is not. Casey Wood says in his recent work on "Commoner Diseases of the Eye" that "the starting point of a pterygium is usually a small ulcer at the corneal margin."

A well developed pterygium frequently keeps the whole conjunctiva irritated which upon the slightest provocation becomes inflamed. The increased lachrymation is often very annoying.

Another very frequent result of pterygium is an irregular refraction of the eye, causing imperfect vision and headache. I have had patients espesially mention the fact that before the pterygium operation they suffered from headaches which since the operation had disappeared. Patients have mentioned this to me of their accord without any questioning and were delighted with the relief afforded.

The apex of the pterygium is not the limit of the trouble. A patch of haziness extends some distance beyond it on the cornea.

Treatment.—The best advice to give a patient with a pterygium is to always advise removal. Most cases gradually encroach upon the cornea until the cornea is injured beyond repair. For this reason alone, removal is advisable. Even if the pterygium is not progressing a careful inquiry will often elicit a history of troubles due to an irregular refraction. The removal of the pterygium even if it does not remove all the irregular refraction, will remove part of it at least and prevent its increase.

Every little while we see in some medical journal some chemical advised for the removal of pterygium. I have tried many of them to see what would happen but the results are nil. No drug or chemical will remove a pterygium unless it be a caustic. A chemical cautery should never be used as it is impossible to control the burn and damage may result. I have known a chemical cautery to injure the under-

lying muscle and cause a lack of muscular balance.

Galvanic electrolysis has been recommended and in small pterygia may be efficient but in pterygia of any size it would not give a good, smooth result.

The galvano-cautery is used by some operators. I have used it in small pterygia with good results but with pterygia of much size it leaves a rough surface with it's annoyances.

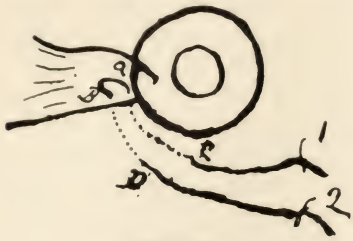

FIGURE 2.

FIGURE 2—Shows McReynolds' operation. 1 and 2 are needles which enter the neck of the pterygium and pass beneath the conjunctiva and emerge at C and D.

In well developed pterygium I consider the only satisfactory treatment to be complete excision.

Many operations have been described but I will present the one I use, which has given satisfactory results. Of all the various operations for pterygium, there is only one other which I consider worth mentioning and that is the one advised by Dr. McReynolds, of Dallas, Texas. The following is his description of the operation:

1. Grasp completely the neck of the pterygium with strong but narrow fixation forceps.

2. Pass a Graefe knife through the constriction as close to the globe as possible, and then, with the cutting edge turned toward the cornea, shave off every particle of the growth smoothly from the cornea.

3. With the fixation forceps still hold the pterygium, and with slender, straight scissors divide the conjunctiva and the subconjunctival tissue along the lower margin of the pterygium, commencing at its neck and extending towards the canthus, a distance of one-fourth to one-half of an inch.

4. Still hold the pterygium with the forceps and separate the body of the growth from the sclera with any small non-cutting instrument.

5. Now separate well from the sclera the conjunctiva lying below the oblique icision made with the scissors.

6. Take black silk thread armed at each end with small, curved needles and carry both of these needles through the apex of the pterygium from without inwards. The threads must be separated from each other by a sufficient amount of the growth to secure a firm hold.

7. Carry these needles downward beneath the loosened conjunctiva lying below the oblique incision made by the scissors. The needles, after passing in parallel directions beneath the loosened segment of the conjunctiva until they reach the region of the sulcus, should then emerge from beneath the conjunctiva at a distance of about one-eighth to one-fourth of an inch from each other.

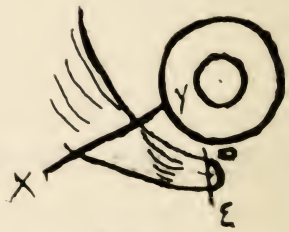

FIGURE 3.

FIGURE 3--Shows the pterygium stitched beneath the conjunctiva.

8. Now, with the forceps, lift up the loosened, lower segment of the conjunctiva and gently exert traction upon the ends of the threads, which have emerged from below, and the pterygium will glide beneath the loosened, lower seg-

ment of the conjunctiva, and the threads may be tightened and tied and the surplus portions of the thread cut off. It is very important that no incision should be made along the upper border of the pterygium, because it would gape and leave a denuded space when downward traction is made upon the pterygium.

Dr. McReynolds describes his operation in an article in the Journal of American Medical Association, August 9, 1902.

Although the McReynolds operation is a good one I believe the operation which I shall now describe gives a smoother surface, with less likelihood of catching foreign particles.

Of course I realize greater care is necessary in the operation and after treatment but I believe the results warrant it. The following is the operation which I have found most satisfactory.

In the first place the eye is carefully prepared for the operation so that the field of operation is as aseptic as possible. This is a very important matter and the eye should be as carefully prepared for this operation as for a cataract operation. I have been fortunate enough to never have had an infection but I have seen infection follow a pterygium operation with disastrous consequences. Loss of an eye following a pterygium operation is worse for the operator than following a cataract operation. In the case of cataract the patient comes with a blind eye but with a pterygium, he comes with a seeing eye and if blindness follow, the operator is bitterly censured. I find an advantage in doing these operations in the hospital because everything connected with the operation can be made surgically clean. If the patient stays in the hospital and is properly cared for, all danger of infection is removed. When patients are allowed to go home after the operation they sometimes meddle with the eye and infect it in spite of the most careful instructions.

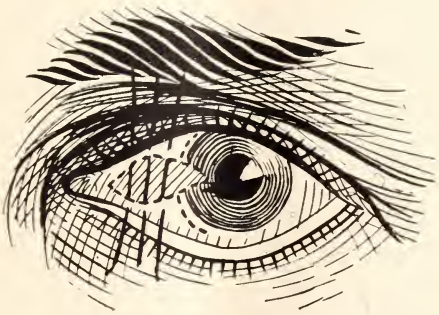

FIGURE 4

FIGURE 4—Shows operation recommended by the author. The Pterygium has been removed leaving a diamond shaped open space. The dotted lines close to the corner are the accomodative incisions. The dark lines are the stitches inserted and ready to tie.

I recently saw a case where such a thing happened. The pterygium was removed by a skillful operator and I am sure everything was done properly but the patient infected the eye and when I saw it the cornea was a mass of scars and vision irregularly lost. Of course the operator was blamed for it all.

I saw another case some time ago where infection caused a purulent panophthalmitis and enucleation was necessary.

All this could have been avoided by careful attention to asepsis and antisepsis, therefore I urge their most careful practice.

The eye is well anesthetized with co-

caine or other local anesthetic, the speculum inserted and we are ready to commence the operation. With a cataract knife, the pterygium is separated from the conjunctiva, from the apex to half way or more to the canthus. Then with a Prince pterygium hook the pterygium is thoroughly loosened and separated from its attachments. Then the pterygium is picked up with forceps and with scissors two converging cuts made which remove the basal end of the growth. The pterygium is now picked up with forceps with some traction and is cut off at the extremity of the apex close to the cornea. Thus the pterygium is removed in a diamond shaped piece and the elasticity of the conjunctiva causes it to retract. There is now left considerable hypertrophied subconjunctival tissue which must be removed. The stitches, 3 or 4 usually, are placed in position. Next the accomodative incisions are made close to the cornea, each about one-fourth the circumference of the cornea, with a pair of small curved scissors. The stitches are now tied, the conjunctiva approximated and the denuded surface exactly covered. The eye is now lightly bandaged with a gauze or mosquito net bandage. It is dressed every day and at the end of three to five days the stitches are removed. The redness gradually disappears and in a few weeks the eye is perfectly clear and smooth. The accomodative incisions are an important feature of the operation as they allow of perfect covering of the denuded area. Credit for these accomodative incisions is due to Dr. M. F. Weymann, St. Joseph, Mo. who first described them in an excellent article entitled "Pterygia: Pathology and Treatment" in the "Annals of Ophthalmology," July, 1900. The operation as described I performed until I read Dr. Weymann's article when I added his accomodative incisions which greatly improved the results. Without the accomodative incisions it is impossible to get a perfectly smooth surface.

I believe there is no other operation which leaves the eye in so nearly a normal condition and which is not followed by relapse. The reaction is slight and with the precaution named is safe.

THE VASCULAR ARRANGEMENT OF THE KIDNEY IN HEALTH AND IN DISEASE.

By J. W. Crismond, M. D., Anderson, Indiana.

To study the circulatory system of the kidney is an undertaking that calls forth patience, nice discrimination, and laborious diligence. It is a study that has not been given the careful attention its importance demands, and this is largely the result of our imperfect knowledge of the diseases peculiar to the kidney, and further the imperfect methods of diagnosis that were in vogue a few decades ago. All kidney diseases were regarded with little or no distinction, and Brights disease or diabetes was enough to know. But as time rolls on and crude methods give way to more exact technique, and out of this comes advancement in science and more philosophical and logical deductions, as to the cause of disease, greater grows the importance of more thorough and minute knowledge of the vascular arrangement of the kidney.

As we approach the subject under consideration we find that the renal artery just after it enters the hilus breaks into branches, and passes around the pelvis and enters the substance of the kidney at the various angles formed by the branching of the pelvis into the calyses and pyramids. These minute branches running radially between the pyramids finally subdividing pass on until they reach the cortex and medulla. Here they divide

and spreading laterally, form at the bases of the pyramids arches more or less concentric with the hilus. From these arches which anastomose to a certain extent with others. Vessels proceed on the one hand to the cortex and on the other to the medulla. It will be noted that the cortex contains relatively arteries, and they run in a radial course towards the surface in the masses of cortex between the medullary rays. Now comes from each of these radiate arteries comparatively short, thick branches which are given off at intervals on all sides. These pursue a somewhat curved course, with the convexity directed toward the surface of the kidney, and end without branching in Malpighian capsules; these are called the afferent vessels. Other branches of the same radiate arteries break up into capillaries surrounding the tubules, this being especially the case near the surface of the kidney. We find also the efferent vessels from the Malpighian capsule breaking up into capillary network, but at the same time it is more elongated radially in the medullary rays. You will notice right here a reduplication of the portal system of the liver only on a smaller scale, as a vessel formed by the union of capillaries, breaks up in capillaries once more.

The pyramids are supplied by branches given off from the arterial arches of the cortex and medulla. These run in a straight course down the pyramids as arteriae rectae, but they soon break up into bundles of smaller vessels also running radially; these supply all the medullary substance of the pyramids with blood, meshes elongated radially. The formation of the venous system commences at the capillaries of the pyramids for here the veins are gathered up, and those running divergently from a center upward come together and form into venous arches which are placed at the boundary between the cortex and medulla. Taking the opposite course of the arteries these venous arches, forming more numerous anastomoses than do the arteries, unite into veins which running radially between the pyramids, come together over the pelvis of the kidney and form eventually the renal vein; thus running in company with the renal artery falls into the vena cava inferior.

The blood from the capillaries of the cortex, including the medullary rays some of which had passed through the glomeruli of the Malpighian capsules, and some of which has not, form into venous arches. These veins at the surface of the cortex are apt to be arranged in a somewhat star-shaped fashion, hence are spoken of as venae stellatae.

For its size the kidney is most abundantly supplied with blood. The blood as we have seen, is first carried straight to the peripheral zone of the cortex and medulla and distributed from that region. Hence the blood supply of the pyramids, to a great extent, is obtained from the cortex; for the conducting tubules are chiefly secreting tubules.

The circulation in disease will now claim our attention. The primary disturbance of the circulation in the kidney, when disease supervenes, is dilatation of the vessels, and from this condition acute hyperaemia paves the way for more or less active inflammation. The walls of the vessels become weakened under the influence of toxines carried there by the circulation and the intima loses its tonicity on account of the vitiation of the life fluid, or may be due to mechanical pressure, then follows stasis more or less complete. We are taught that there are several types of kidney in nephritis, and yet in all its changes of structure it is essentially identical, and the variations, when they occur, depend

upon the cause and the duration of the nephritis.

We will select an object lesson in the "White Kidney" (without waxy degeneration), it presents a pale or yellowish color, showing plainly that the normal blood supply to the peripheral zone has been diminished. As a further proof of a stagnant circulation, with its consequent starvation of tissue, the surface is smooth and the capsule is easily stripped off This is the result of great growth of the capsule cells and the cells covering the capillaries, and in certain cases, as a result of the connective tissue thickening of the capsule, there is a capillary atrophy. On section the cortex appears broader than normally, and is either yellowish white throughout or may present opaque yellowish or whitish areas with mottlings of red. I trust it will be noted that the very portion of the kidney to which and from which the blood is disturbed is the first to suffer destructive tissue metamorphosis. Right at this point I deem it pertinent to make this suggestion, may not some material the result of the product of this retrograde tissue metamorphosis be the element that fabricates the collodial substance that blocks up the tubules, and causes epithelial degeneration. As the arterial and venous circulation grows feebler there approaches more complete passive hyperaemia due to obstruction of the outflow. As the circulation diminishes from the encroachment of disease so does the function of the kidney grow less, as it is the high pressure and steady flow of blood through the kidney causes that organ to perform its function. When the kidney is in its normal condition this free and abundant supply of blood is regulated, either increased or diminished, according to the needs of the moment, by the vasomotor system. When stimulation or section of a nerve increases the flow of blood through the kidney, it does so by increasing the pressure in the small vessels of the kidney, including the capillary loops of the glomeruli. Then as the small vessels become blocked up by tissue debris the function of the kidney grows less to the extent of the area involved for the want of not only ability but material upon which to act. Consequently the integrity of the whole organ must suffer and deteriorate if the arrest of its circulating medium is not restored. To consider the ebb and flow of the renal circulation in health and disease, gives one a clearer and better conception of the kidney in disease; it will thereby enable one to be better prepared to cope with the maladies incident to this organ. Accurate knowledge here will not only add lustre to our professional acumen, and potency to our medical armamentarium, but it will, perhaps, bring honor, save life, and wreath our feeble efforts with success.

DYSENTERY.

By J. A. Burnett, M. D., Sullivan, Ark.

One dose of equal parts of castor oil, rosemary oil and laudanum will cure nine cases out of every ten of dysentery in adults. If the first dose fails to cure repeat in six hours.

One rectal injection of an infusion of plantago major will cure most cases of dysentery. If the first injection fails to cure repeat as needed.

Cerium oxalate, given in five grain doses every two or three hours during the first stages of dysentery, will usually cure it.

In sthenic cases of dysentery, small doses of calomel and Dover's powder will often give good results.

An ounce of Epsom and Rochelle salts put in a pint of water and given in wine glass doses every two hours give good results in dysentery.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

MEDICAL PRACTICE IN PERSIA

Medical science is very little known in Persia, and there are very few doctors, and these really home-made, or self-made you may call it.

I will endeavor to give you a few cases in point of interest of the ability of the average physician. There are in a radius of 40 miles around me, about 50 or 60 towns and no graduate physicians, yet there are many of these self-styled doctors, both men and women. Most of these self-styled doctors can neither read nor write their own language. Many of them not even have a common school education, so you can judge for yourself the way in which they diagnose and treat their patients. A few cases will serve to show you their methods: A few weeks ago, a man supposed to be suffering from piles called on one of these doctors, a female doctor by the way, who went to the patient's house and told him to lie on his back for the operation She never made an examination as to whether her patient had piles or not, then she took a big butcher knife, and introducing her finger into the rectum she cut every fold which she could see or find when suddenly she cut the large hemorrhoidal artery and thus let the patient bleed to death. I was called in but it was too late to do anything.

Another case was that of a lady, married, who went to one of the male doctors who made a diagnosis of piles. He took some gun powder and poured on the cervical vertebrae, then with an iron rod red hot he cauterized from the neck down to the trouble using no anaesthetic, and then poured on the wound hot oil to stop bleeding, and bandaged it. She was compelled to remain in bed for four months without any good results. Her neck remained stiff for two months because of this treatment.

This patient came to me a short time ago and told me the facts as stated. When I examined her, I found she had cervicitis and stomach catarrh and will treat her rationally for same.

SHIMOON K. GEWERGEZ, M. D.
Maragah, Persia.

ENEMAS.

Enemas, also called clysters are of great value in the treatment of most diseases. They are used mostly and by many their sole use is to evacuate the bowels. But this is not their only use as they are important aids to medication and are often resorted to as means of furnishing nourishment when the stomach from any cause is unable to receive food.

If cathartics were used less and enemas used more, it would be much better for patients. It is a well known fact that cathartics and laxatives exhaust a portion of the patient's vital force and are weakening and in many cases a patient's strength is not sufficient to stand the effect of them.

When the bowels are full and need evacuating there is no purgative or laxative that will equal an enema when properly given. When giving an enema for this purpose, warm water alone will often be sufficient, but when it is not sufficient, soapy water can be used or soapy water with glycerine and soda is very good and will rarely fail to do the work. Soapy water is too harsh for children unless it is a very mild soap. For

children it is often best to give an infusion of sweetened catnip as they frequently suffer from colic when constipated. The injection should be given slowly and allowed to be retained for at least fifteen minutes.

When there is fever present, the pulse full and skin dry, relaxing enemas will be found serviceable. They are usually given in starch water and for mild cases and in most instances with children, esclepias tuberosa and eupatorium perfoliatum will be sufficient. But with adults and stubborn cases, lobelia inflata infusion will be required. Relaxing enemas are of much value in relaxing the system to facilitate the reduction of fractures and dislocations and for convulsions they may be relied upon. When giving a relaxing enema for this purpose, it should be very strong. Relaxing enemas are contra indicated when the pulse is weak and the skin moist.

A prompt aid in depressed conditions such as collapse, shock, coma, etc., is a stimulating enema. Capsicum is the remedy usually used, as much as two drachms of the tincture can be used at one time and repeated every hour until reaction sets in which is usually accompanied by violent evacuations of the bowels. Stimulating enemas are also of value during febrile conditions when the pulse is weak and the system in a relaxed condition.

In apoplexy, meningitis, lockjaw, etc., nervine enemas should be employed. They are usually given in starch water and should be retained for an hour. In some instances a tight compress against the anus will be necessary. These injections should be repeated every three hours, until the desired effect is obtained. The remedies to be used in these injections are usually cypripedium and scutellaria, and often echinacea is a good associate for the nervine which is used.

In diarrhoea, dysentery, etc., astringent enemas are serviceable, but before they are used the bowels should be thoroughly cleansed by cathartic enemas. These enemas should be used only when the bowels are in a condition for astringents to be of service. In mild cases, hamamelis and rubus strigosus will be sufficient, but in severe cases myrica cerifera, gum kino or nitrate of silver will be required. In cancer of the stomach, wasting diseases, unconsciousness, and many other conditions, nourishing enemas are necessary. Before giving a nourishing enema, cleanse the bowels with a cathartic enema. Nourishing enemas must be concentrated and retained. In many instances when giving enema, it is best to use a rectal tube about twenty or thirty inches in the rectum. This is true especially in chronic cases.

J. A. Burnett, M. D.
Sullivan, Ark.

"SCIENCE!"

In the name of science sailing
We behold full many a sham:
Like those wolves that make their dwelling
In the garments of the lamb.

Thus this word sinks in pollution,
As we might in truth suspect;
'Ere long will it's prostitution
Leave the word a direlect?

Learning is no lust of Mammon,
Learning is no sportsman's prey;
When one word becomes too common
We can cast the shell away.

C. E. Boynton, M. D.
Los Banos, Cal..

Culture is that which transforms the wilful child of five into the earnest boy of ten, the self-controlling man of twenty, the helper of men at thirty, the loved of men at fifty.

William C. Gannett.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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THE WORLD'S FAIR.

Everyone needs an occasional outing of some kind and no one more than the practicing physician, as he has the responsibilities of his work constantly at all times, day and night. This year a trip to the Louisiana Purchase Exposition at St. Louis affords an opportunity for relaxation from professional cares and a chance for easily acquiring much information. We have just visited the great Fair, the greatest the world has seen, and advise everyone who can, to attend the Exposition. The cares of practice can be forgotten for a short time devoted to profitable and pleasant sight-seeing. The visitor is at once impressed by the size and grandeur of the Fair, which covers an area of 1,240 acres. Some idea of its size may be realized by the statement that it is as large as the combined areas of the Chicago World's Fair, the Pan-American at Buffalo, and the last Paris Exposition. The buildings are arranged in the form of a fan radiating from the great central Festival Hall. The view from the main entrance across the plaza of St. Louis, with its lagoons, to Festival Hall, with its cascades, is most beautiful This scene at night with the brilliant electrical illumination is one never to be forgotten.

The question is often asked, "What is the most interesting feature of the Fair?" That depends upon the taste of the individual. To one the magnificent Palace of Fine Arts with the art treasures of many nations is most interesting. To another the wonderful handiwork of many nations, exhibited in the Palace of Varied Industries is most striking. Someone else is more interested in the world's manufactures as shown in the Palaces of Manufactures and Liberal Arts. Still another is especially pleased with the Palace of Agriculture, with its twenty-three acres of exhibits of the many products of this and other countries. And so each person can find an immense display of whatever he is particularly interested in.

There are some features of the Fair of special interest to the physician. An excellent opportunity is given to study ethnology in the many different peoples in attendance. The Phillipine exhibit covers forty acres, showing the ignorant and lazy Negritos, the promising Igorrotes, the less amiable Moros, the educated Filipinos and the military Filipinos in the United States troops stationed there.

Every physician will enjoy a visit to the Hospital with its excellent equipment for emergency work, also the United States Military Field Hospital. The United States Government Building contains an excellent display showing among many other things exhibits of the surgical departments of the army and navy.

The Pike, with its many amusing and . instructive entertainments, is worthy of special mention, because of the high character and excellence of most of the attractions which are far superior to what these features usually are.

The Fair has invested $50,000,000 and spent five years time in preparing this great Exposition which shows the life and work of the world. It will pay every reader of this, to spend a week or two, at least, in enjoying and profiting by the Exposition.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Sympathy.—Did you read Dr. Casseday's article in last month's Recorder? If not, better turn to it and read it. There is a whole lot of practical philosophy in it. What he says about sympathy for our patients is especially true. A little sympathy now and then is relished by the wisest of men. We should not let the scientific side of the work cover up the sympathetic.

Hydrotherapy in Pneumonia.—It has always been the custom of the Recorder to publish timely articles, treating of diseases prevalent at the time but it is sometimes a good idea to review the treatment of a disease when its prevailing season is over. Then when the season's experience is fresh in our minds we can compare means and methods of treatment. We are pleased to be able to present the following paper to Recorder readers at the close of the season when pneumonia has prevailed. "Hydrotherapy in the Treatment of Pneumonia" is the title of a paper read by C. P. Farnsworth, M. D., Superintendent of the Madison Sanitarium, Madison, Wis., at a meeting of the Dane County Medical Society, April 12, 1904. Dr. Farnsworth has favored us with a copy and we present it in full with the exception of the case reports:

The presentation of this paper is not offered to disparage the established rules for the treatment of lobar pneumonia, but to present some measures which, if judiciously carried out, have in my experience given most satisfactory results.

Since pneumonia runs a more or less typical course, being self- limited, the treatment is one of expectancy, using vigorous remedies for the symptoms as they arise.

In order to do this intelligently we must consider the therapeutic indications present or likely to present themselves. The information sought will be found by carefully studying the etiology, the pathology and the clinical history including the clinical course, complications and possible terminations and sequelae of the disease.

The etiological indications are to exercise especial care to prevent pulmonary congestion from exposure of the shoulders or chest to chill. To provide the patient with an abundance of warm pure air.

The pathological indications are: first, to maintain the general vital resistance; second, to maintain cardiac efficiency and to control the general blood movement and the local congestion; third to control the heat production and elimination; fourth, control general and local metabolic processes and encourage blood formation and glandular activity; fifth, relieve pain and delirium; sixth, control clinical indications; seventh, to combat complications as they arise.

The general resistance is maintained by putting the patient to rest as completely as possible, providing him with an aseptic dietry, and tonic treatment. By aseptic dietry I mean one which will give rise to as little fermentation as possible so as not to burden the system with the elimination of ptomains. As the patient has more or less fever,

and the stomach under such conditions does not secrete the normal digestive fluids, we should give the patient gruels made with water and fruit juices instead of milk, beef tea, etc., as these are not digested in the stomach under conditions we have in fever, and give rise to a state oftimes of auto-intoxication which adds to the toxines we have to combat in the course of the disease itself.

Unfermented fruit juices of any kind palatable to the patient are indicated. Gruels of barley, rice or oatmeal water thoroughly dextrinized by cooking from four to six hours may be used. In my work I have used principally orange or unfermented grape juice, barley and rice water or gluten gruel and egg albumen. This diet will supply sufficient nutriment to carry the patient past a crisis.

As the specific cause of this disease is recognized to be the pneumococcus or diplococcus of Fraenkel, we must bend our energies to inhibit the bacterial growth and to destroy and eliminate its toxines.

Water cannot be employed in such a way as to act as a germicide, but by increasing the alkalinity of the blood, and especially by increasing the leucocytosis and the activity of the lymphatic glands and other organs capable of destroying bacteria, the encroachments of these enemies of life may successfully be opposed.

Metchnikoff and others have shown the importance of leucocytosis as a means of combating bacterial infection. By regulation of the local blood movement and volume, leucocytosis may be encouraged to almost any desired degree. Winternitz, of Vienna, Thermes, Thayer and many others have demonstrated the enormous influence of the general cold bath in producing leucocytosis. In one case reported by Winternitz the increase of red blood corpuscles from a cold bath which was preceded by a short, hot application was 1,860,000 per C. mm., and the white corpuscles were increased 300 per cent.

I have seen experiments where the white blood count doubled after a cold treatment. Hare discovered that antipyretics diminished and that cold sponging increased leucocytosis. Cabot advises the use of cold sponging to reduce the temperature. By means of the heating compress frequently renewed or the alternate compress local leucocytosis may be encouraged to a marvelous extent and most admirable results in utilizing the natural defenses of the body secured.

The principle upon which the effects of the heating compress depends is the reaction from a primary cold application and the accumulation of heat by protecting the compress in such a manner as to prevent the escape of heat by radiation or evaporation. The degree of reaction depends on the temperature of water used, the size of the compress and the amount of water contained in it, and the factor determining this is the age and strength of the individual and the severity of the infection. The method of applying the heating compress in pneumonia is as follows:

The compress should cover a larger surface than the infected area. If the patient is a child or old person the compress should be composed of about eighteen thicknesses of cheesecloth or two thicknesses of Turkish towelling wrung quite dry out of water at a temperature from 60°—70° F., and spread evenly over the chest affected and covering the heart. Place over this two or three thicknesses of a flannel blanket in such a manner as to exclude the air. Leave till it has become as warm as the body, when it should be renewed after rubbing the skin with the hand till it is red. In the case of vigorous adults use the water at a temperature of 50°—55° F., at intervals of from one to

three hours according to the case. Apply hot fomentations for from five to twenty minutes in order to restore the reflex activities of the skin and to stimulate the heart. The results obtained by these procedures are, first, by the cold application the cutaneous blood vessels are contracted and those of the reflex areas in the lungs are similarly affected; this drives into the blood current the leucocytes which were loitering along the vessel walls and at the same time stimulates glandular activity which increases the formation of more leucocytes; secondly, the temperature of the body is lowered to just the amount that it takes to raise the temperature of the compress to that of the body; third, in addition to lowering the temperature and causing a local leucocytosis it stimulates the individual cells to develop the anti-toxine which neutralizes the toxines thrown off by the bacteria; fourth, it inhibits the growth of bacteria by lowering the body temperature and by increasing leucocytosis and developing an anti-toxine.

Another procedure very beneficial is a cold mitten friction or cold sponging or cold towel rub two or more times daily as may be indicated by the patient's condition. This treatment will have the best effect if given after some appropriate hot treatment in order to heighten the reaction. Those which will be the most convenient are the fomentation to the chest or back, the hot blanket pack, hot hip and leg pack or sweating pack.

The result of the hot treatment is to draw the blood to the surface and the first and transient effect of the cold following the hot treatment is to blanch the surface, but the secondary and permanent effect is to fix the blood in the skin, as is evidenced by the bright glowing surface. This brings about a lower temperature by evaporation and radiation. A general leucocytosis is encouraged, the emunctories are stimulated and toned up. In order to be able to maintain the cardiac efficiency, control the general blood movement and the local congestion we must keep in mind the local and reflex-blood supply, and also the blood supply upon which we must depend to act as reservoirs for the blood at critical periods.

The bronchial arteries that supply the blood for the nutrition of the lung are given off from the thoracic aorta and accompany the bronchial tubes, and are distributed to the bronchial glands of the larger tubes and pulmonary vessels, forming a plexus in the muscular coat which give off branches forming another plexus in the mucous coat of the alveoli and in some places anastomosing with those from the pulmonary artery so that some of the blood from this system passes into the pulmonary veins. Those supplying the tissues of the thoracic walls are the intercostals, eleven in number in each side which spring from the thoracic aorta.

The reflex area for the vasomotor nerves of the nutrient blood vessels of the lungs are in the endings of the anterior branches of the intercostal nerves. So that by applying a hot fomentation to the spine and back of the thorax those blood vessels will be dilated, thus drawing off some of the blood from the pulmonary engorgement. At the same time apply a cold or heating compress to the anterior part of the chest covering the affected part and also the heart. By these sinchronous applications we draw off the blood by the hot application to the back and by the cold application to the front we get a blanched condition of the skin, caused by the stimulation of the vasoconstrictor nerves and the same condition of the lung from reflex action. We also slow the rate of the heart's action and increase the strength of the pulsations, the end sought for in the

administration of cardiac stimulants.

A very helpful adjuvant is to apply with these a hot hip and leg pack, and if the congestion in the lungs is very great and cyanosis is marked, apply fomentations to the arms. These applications dilate the blood vessels in the limbs and the arms, drawing off the surplus blood from the lungs, and accomplish what the old method of blood letting did, without losing any blood. But this method of drawing off the blood lowers the arterial pressure, while the cold compress to the chest and heart slows and strengthens the heart action, so that we have an admirable treatment for the maintaining of its activity. This combination of treatments may be made every hour if necessary, but usually after the first two or three we can wait from two to four hours, gradually lengthening the periods of rest, as the severity of the manifestations disappear.

Encourage the patient to drink as much water as possible either pure or with some fruit juice in it to add flavor and to stimulate the emunctories. If it is impossible to get the patient to drink much, or if it is not advisable to encourage him to do so, it is well to give a copious enema to be retained of a hot normal saline solution.

The value of this procedure can hardly be overestimated. The direct effect of the heat within the bowels over the kidneys is to stimulate them as well as all the vital functions; the secondary effect is to dilute the blood and thus facilitate the elimination of toxines. This procedure impresses me as preferable to hypodermoclysis, which attains the same results and which is highly recommended by F. P. Henry in the Medical Chronicle of February, 1904. One hydrotherapeutic measure which I would oppose is that of the general cold bath or application, as it tends to chill the patient and often results harmfully.

Dr. Folsom reports excellent results from hydrotherapeutic means in his practice in the Boston City Hospital: also Dr. Klein, of France, reports excellent results by the same measures.

Dr. W. P. Northrup in the Medical News, Nov. 19, 1898, states that: "It is wrong to have a hot poultice placed continuously on the chest, but to keep the extremities warm, relieve the nervous symptoms and the local congestion by means of the cold chest pack." When the temperature rises above 120° F. it ought to be relieved by first applying a hot fomentation to the chest and abdomen, to be followed by a cold mitten friction or sponge bath, using care not to chill the patient. The best way to avoid this, I have found, is to treat but a portion of the body at a time. The following technique has given the best results: Keep the body well covered all the time, removing the fomentations or other hot treatment under cover so as not to expose the patient to chill by evaporation. Then take one arm and give the friction or sponge for from one to four minutes, using enough force to stimulate a reaction, till the part is glowing. Then cover that arm and take the other, treating it the same way, next the limbs in the same manner, and lastly the abdomen and chest. Follow this treatment with the heating compress wrung out of water, from 50o to 75° F., according to the case, placed upon the chest, leaving it on till it has become as warm as the body, when it should be removed, and after the skin has been made red by rubbing renew the application.

If the patient chills easily the same result may be obtained by giving a short, very hot sponge. I have seen the temperature lowered by either treatment a degree in less than ten minutes many times. The principle to keep in mind is to control heat production and to keep up heat elimination by retaining the blood in the skin.

The local and general metabolic processes are controlled by the amount of fresh blood we can bring to bear in the infected area and the regulation of heat production and elimination.

Pain is to be relieved by the application of heat to the affected part for five to fifteen minutes every two or three hours with the heating compress between these applications.

Delirium is to be controlled by placing an ice cap or bags to the head and back of the neck (using care not to chill the upper part of the chest and the shoulders) together with a hot hip and leg pack. Follow this treatment with the cold mitten friction or cold sponging. The delirium usually subsides when the bowels and kidneys eliminate properly and the skin begins to perspire.

The clinical indications which demand special attention are: First, cough. This is ameliorated and controlled to a great extent by fomentations to the chest for from five to fifteen minutes, making the applications from one to three hours with a heating compress, in the intervals changing it when it becomes as warm as the body when the cough is severe, and when it is less severe to leave the compress on for about ten to fifteen minutes after it has become warm. The inhalation of steam for a period of from five to fifteen minutes three or four times a day and the keeping of fresh lime slacking in a pan of water in the room is also beneficial. When inclined to cough continuously have the patient sip a glass of very hot water. Use great care to protect the neck and shoulders from chilling from contact with wet bed clothing. Keep the shoulders covered and warm and dry. Second, clinical indication. Pain in the chest which can be relieved by the same treatment as for the cough. Third, clinical indication, constipation. For constipation administer the daily enema or coloclyster. Fourth, weak heart and feeble pulse. Relieve weak heart and feeble pulse by the cold compress or ice bag to the heart for fifteen minutes every two hours while giving the hot hip and leg pack or while applying fomentations to the abdomen, to be followed by cold mitten friction. When in danger of collapse, use alternating hot and cold applications over the heart for five to fifteen minutes every hour or when indicated. Fifth, gastroenteritis. Gastroenteritis is to be relieved by the fomentation to the stomach and bowels or a hot trunk pack every three hours with a cold compress during the intervals, to be changed every twenty to forty minutes, to be followed by the cold mitten friction. Seventh, headache and delirium. Headache and delirium are to be relieved by using the ice bag to the head with the hot hip and leg pack. Eighth, hyperpyrexia Hyperpyrexia is to be relieved by a cool enema, cold mitten friction or towel rub or cool sponge, or if there is a tendency to chill, by a very hot sponge. Ninth, pain. Pain is to be relieved by hot applications to the parts affected.

Contra-indications are the Brand bath and the cold immerson bath, as the tendency is to cause internal congestion and also chill unless it is given just right, which is impossible without the aid of two or three trained assistants.

The general method to be followed is to maintain warmth and activity of the skin, taking care not to chill the shoulders and neck. Combat the pulmonary congestion by direct and derivative treatments as above directed, regulate the temperature by carefully directed hydriatic measures, promote vital resistance by frequently repeated cold frictions and rubs, thus sustaining the vital powers till the tissues have developed the antitoxines and the natural processes have overcome the disease.

Results from this method are good.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

UNCERTAINTY OF DIAGNOSIS BY BACTERIOLOGICAL TEST.

As a result of the great advances made during the last decade by the sciences of biology and bacteriology and its logical practical sequel, the modern serum therapy, a tendency has developed to place medical diagnosis on so-called exact scientific basis, abstract more and more from mere clinical findings and depend entirely upon bacteriological test. While unquestionably much has been accomplished by such methods, they are not altogether as infallible, as the ultra-scientists claim. The Klebs-Loeffler bacillus, the specific bacterium of diphtheria, has so often been recovered from the mouths and throats of perfectly healthy persons and vice versa failed to be present in the buccal secretions of others, who gave a typical clinical picture of diphtheria, that its diagnostic value has been much impaired. No less an authority than Virchow has emphasized this at the time of the first debate on diphtheria antitoxin by the Berlin medical society.

Likewise we may have to modify our estimate of the Widal reaction which only recently we have learned to look on as an absolutely reliable sign of typhoid fever. In a recent paper in the Berl. Klin. Wochenschr. Meyer concludes that the reaction is not an absolutely specific one, as the blood in some cases of undoubted typhoid never presents a positive reaction, while the blood of others, who never had typhoid, gives a positive reaction. A similar conclusion is reached by a writer in a Viennese medical journal. He says guardedly, that a positive Widal reaction points with great probability to the existence of typhoid fever, provided previous typhoid can be excluded. The negative reaction does not speak with absolute certainty against typhoid.

It is not for the purpose of discrediting exact methods of diagnosis that attention is called to their limitations, only in order to define their field of usefulness, that of valuable adjuvants. Public health boards in particular would do well to bear in mind, for they are too apt to base their diagnosis and subsequent regulations solely on laboratory findings.

INFANTILE DIARRHOEA.

At this time of the year it is timely to call the attention of physicians to the summer diarrheas of children. True, a hackneyed subject, but one of perennial interest. The studies of late years have advanced us considerably in the understanding of the disease and have resulted in the lowering of its mortality, owing, however, to therapeutic progress than to better prevention. Most recent investigations lead in a new direction. Several years ago a bacillus was isolated from the stools of infants suffering from diarrhea. It was then thought to be a colon bacillus. Later Shiga, Kruse and Flexner discovered a specific bacillus as the cause of dysentery and this was found present in a majority of cases of summer diarrhea during an epidemic in Baltimore in 1902. The investigation has not yet reached completion, as the different observations still lack uniformity. Quite naturally hope arose that a serum might be prepared from cultures of the specific bacillus which would be useful in the treatment of infantile diarrheas. A few encouraging reports

on this serum have been made. But in a paper published in the Courier of Medicine for March, Dr. Zahorsky makes an unfavorable report. In an epidemic of gastro-enteritis occurring in a foundling home in St. Louis the serum in no way helped the infants.

The greatest stress is still to be placed on prevention, meaning chiefly proper care of the milk. It resolves itself into the use of ice and absolute cleanliness in milking and handling. It is in the latter requirement where failure occurs, and where recourse to artificial means, such as the use of preservatives, becomes necessary. Opinions on their admissibility differ greatly. Could a preservative be found which, while effective in checking bacterial growth, would be absolutely harmless to the human system, then the question would be practically solved. Formaldehyde is claimed by many to answer the requirements. Among its advocates is Behring, who was unable to find any deleterious effects from formaldehyde in the usual dilutions—in fact he experimented with dilutions of the strength of 1 to 4000, while the strength usually employed is 1 to 10000—and concludes with a forcible commendation of milk thus preserved, when fresh milk cannot be obtained.

Still, the views presented by an editorial of the Courier of Medicine will appeal to most physicians. The harmlessness of formaldehyde has not been sufficiently proven and it is not probable that the constant presence of this or any other antiseptic in the food can be of benefit to the alimentary canal. Laboratory tests show that the dilutions of formaldehyde do not kill pathogenic germs, but merely inhibit their growth for a time, hence do not obviate infection by contaminated milk.

For the present the prohibition of all chemical preservatives by health authorities is in accord with the best thought of the profession. Practically we rely on cleanliness, ice and pasteurization.

A BID FOR NOTORIETY.

Some time ago one of the leading dailies of Chicago brought out on its front page, with heading in large type, a lengthy abstract of a paper read before a church club by Dr. V. H. Podstata, superintendent of the Dunning institution. It is difficult to see just what the object of the paper was, unless one is uncharitable enough to think it was the glorification of its author. In flowery language,—yes, the words were fine—the speaker said a very trite thing, that music can calm a diseased mind. The world has known that from time immemorial. When Saul, the unhappy king of Judea, found himself driven to the verge of insanity by cares of state and priestly intrigues, the harp of the shepherd boy laid the spirit of darkness. Orpheus' lyre tamed the wild beasts and subdued the evil powers of Hades. Ever since the modern world has learned to consider insanity a disease and not a crime, has music been used as a remedial agent. But it is far from being such a panacea, as represented by the paper, relieving both congestion and anemia, allowing all the organs to resume their normal activity.

RECIPROCITY.

One of the annual gatherings to which the last Rundschau referred was scheduled to take place on May 24th. The American Confederation of Reciprocating Examining and Licensing Medical Boards—great name!—was to be addressed by Drs. Geo. H. Simmons, Jos. M. Mathews, and Frank Billings. Fine speeches, of course,—we wait to hear of results.

"Typical Tuberculosis," by John Aulde, M. D., is a new monograph of great interst. It shows the results and the practical application of the multitoxine treatment.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are published in this department. Queries as to Alkaloidal Treatment of Diseases which are addressed to this department will be answered in the next issue. If an answer is desired by mail a stamped envelope should be enclosed with the query. We trust that this department may prove of assistance to many who are new to Alkaloidal methods.

DIARRHEAS OF CHILDREN.

By R. J. Smith, M. D., Chicago, Ill.

Again the season approaches when a vast number of little ones will have their existence cut short in this stage of their journey through eternity and from a cause that is absolutely preventable.

There are three forms of this bowel disorder, occurring in children, all usually caused and generally preceded by an attack of acute indigestion.

(1.) Acute diarrhea with often only an increase in the number of stools, with or without fever, disturbed sleep at night, irritability increasing with the severity of the attack. The stools are natural in appearance at first, but loose in a day or two, becoming foul and greenish, with mucus in quantity and undigested food and curds. The abdomen is usually tense showing tympany, with some tenderness on pressure. The attack may be ushered in with convulsions or by vomiting and colic and free irritating discharges and high fever.

(2.) Cholera infantum occurs suddenly, with large stools, light yellow or greenish, or brown, with peculiar odor, rapidly becoming serous; vomiting is severe; intense thirst is present, with tongue dry and glazed. The appetite is completely lost; the temperature is high and pulse small and very rapid. The urine is obviously decreased. With the increasing loss of fluid, the face of the child undergoes a striking change—the features become pinched and haggard; often in a few hours paleness and cold clammy sweats take the place of the rose hue of health; the abdomen is flat. Collapse occurs early.

(3.) Ileo-colitis is simply an extension of the disease-process to the mucous membrane of the alimentary canal; sudden in development with, generally vomiting. The stools show much mucus and some blood and undigested masses of curds, generally greenish in color, and very foul. Colic and tenesmus are generally present. The abdomen is prominent.

The preventive treatment is hygienic. Temperature has much to do with the onset, and therefore we find most of these cases occurring during the hot summer months. Keeping the child cool is obviously of great benefit and in this regard restraint within doors during the heat of the day, permitting the child its daily outdoor exercise early in the morning and late in the afternoon is essential. The diet should receive most careful attention; if bottle-fed, the source of the milk should be above reproach and as this is directly under the control of the Board of Health in the various cities and towns, they should deem it their full duty to have all dairies frequently inspected and the milk tested. The food should be prepared fresh for each feeding, and if any is left over the bottle should be immediately emptied and cleansed. The kind of bottle is important; all the tube abominations should be absolutely prohibited. The nipple must be inverted after each feeding and left in a mild antiseptic solution. Attention should be given to the proper preparation of the food and if milk alone does not agree, some of the prepared "baby foods" may be used. Bathing is essential as is also the free drinking of pure and preferably boiled water.

At the first sign of any bowel disturbance a large dose of castor-oil or some mild laxative should be given and

the diet restricted. If the symptoms increase in severity, or occur suddenly, stop all food at once, for 24 or 36 hours, if necessary, giving calomel in divided doses, 1-10 gr. every hour for 4 to 6 doses, followed by castor-oil or saline laxative, a tablespoon of which may be dissolved in a half glass of sweetened water; a teaspoonful to be given every hour until the bowels are thoroughly emptied.

As soon as vomiting is checked, and this occurs after a few doses of calomel, limiting at the same time the amount of liquids, give the following in solution: Copper arsenite 1-100 gr., hyoscyamine 1-100 gr., or infant's anodyne 6 granules, triple sulphocarbolates—sulphocarbolates of lime, zinc and soda—10-20 grains (four tablets) in 24 teaspoonfuls of hot water—giving a teaspoonful every fifteen minutes to an hour, according to symptoms. This to a child up to one year old. Two teaspoonfuls to a child of two or three years. The intervals may be increased as the symptoms imporve. If fever is present, aconitine 1-134 gr., a granule for each year of the child's age and one additional in 24 teaspoonfuls of water may be added. Aconitine is a safe and efficient febrifuge in congestive fevers of children and can be given freely.

If collapse threatens or is present, give atropine 1-250 gr.—1-100 gr. hypodermically at once to dilate the peripheral capillaries and as a respirative and heart stimulant. Heat to the body and massage are helpful. Opium in any form is contraindicated although codeine in small doses may be given to relieve pain if severe. High colonic flushings with warm water in which a mild antiseptic is dissolved (and for this purpose the triple sulphocarbolates are very beneficial. The diet after 24 hours should be restricted wholly to liquids as albumen water (white of egg slowly dissolved in sterile water) barley water or peptonoids. In ileo-colitis, after the acute stage is past and the bowels remain free, silver nitrate enemas may be given strength 1 and 5 grains to 8 oz. Thirst may be controlled by ice-water (not water in which ice is dissolved but sterile water cooled by packing in ice, or the vessel wrapped in a wet cloth of air and exposed to draught. The resumption of milk and solids should be gradual and the effects carefully watched.

SUPRARENAL EXTRACT

Of the many new remedies brought before the profession during the last few years none is more important than the preparation of the superarenal gland. The trouble with it at first was that the solutions of the whole gland quickly deteriorated, but since it was found that its properties are due to an active principle there has been no difficulty in using it. As a hemostatic in eye and nose work its usefulness is very great. Its administration in surgical shock gives very satisfactory results as its power of raising blood pressure is very pronounced. Combined with normal saline solution it can be used in depression and shock the same as the saline solution is used alone and with much better results. Adnephrin, Stearns', is a reliable preparation of the active principle of the suprarenal gland, which can always be depended upon. Adnephrin can be used with saline solution in strength of only 1-25000 with good results. Adnephrin is a valuable remedy in hay-fever and asthma.

We have received the following interesting publications from Oregon State Board of Health:; "The Prevention of Typhoid Fever"; "The Story of Smallpox in Oregon"; "Hints upon School Hygiene"; "Prevention and Cure of Consumption."

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

GYNECOLOGY. Edited by E. C. Dudley, A. M., M. D., Professor of Gynecology in North Western University Medical School &c., and Wm. Healy, A. B., M. D., Instructor in Gynecology, North Western University Medical School.—The Practical Medical Series of Year Books. Under the General Editorial Charge of Gustavus P. Head, M. D. Pages 216. Cloth. The Year Book Publishers, 40 Dearborn Street, Chicago.

This is the issue of the year books for March 1904. The record of a years work and progress in gynecology proves that it is not by any means a dead issue. This book of 216 pages with numerous illustrations, is intended for the general practitioner and should be of great value for him. It is really a compendium of modern gynecology, compiled chiefly from current medical literature of the whole world, thoroughly practical, shorn largely of merely theoretical detail and speculation. The table of contents shows that the whole field of gynecology is covered. The name of the editor is in itself a guarantee of thoroughness and conservatism. Gynecology being to a considerable extent surgical procedure, a share of the work had to be given to the consideration of minor operative work. Prominent among this, and particularly useful for the general practitioner, is an excellent abstract on repair of lacerated perinieum, by E. C. Dudley, running over 15 pages. The acompanying illustrations are so clear, that one can understand and follow all the steps of the operation, without recourse to the text itself. This is also to be said of the illustrations of Schroeder's operation for lacerated cervix. The publishers' work is in every way up to their usual standard of excellency. This series of ten year books, is published one a month at the low price of $5.50 per year in advance.

MANUAL OF MATERIA MEDICA AND PHARMACY. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir, Ph. G., V. M. D. Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third Edition, Revised and Enlarged. Crown Octavo, 192 pages, Interleaved throughout. Extra Cloth, $2.00 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

This work is a condensed materia medica, giving the main points of value, without the lengthy detail of the textbooks. The preparations, both old and new, which the author considers of most value are given. The drugs are arranged in alphabetical order so as to make the book of more practical use.

The first section of the book is devoted to general considerations, presenting definitions and a botanical synopsis. The second section is the materia medica proper. The synonyms, chemical formulae, description, preparation, therapeutic action and dose (both metric and apothecaries') are briefly given The third section is devoted to pharmacy. Lists of most of the official pharmaceutical preparations are in this part; A very valuable feature is the formulae of most of the compound preparations of the pharmacopeoia. The book has a complete index.

The work is one which the medical student will find a daily assistant and the practitioner will frequently use for ready reference. The fact that two editions of the book have been sold with-

in a few years, shows that the work is appreciated.

BOOK NOTES.

Dr. J. R. Etter will contribute several more articles to the Recorder on Suggestion.

Dr. G. G. Burdick's article for this month, on "Physics of the X-ray" did not reach us in time, so will appear in the July number.

Do you know anything of the alkaloidal treatment of disease? Do you want to know? Then send for a complimentary copy of Abbott's Alkaloidal Digest. This little brief review of therapeutics gives you a great deal of information on the action of the alkaloids and active principles. It will repay the trouble that you take many times. Send for it now. Mention this journal. Address, The Abbott Alkaloidal Co., Ravenswood Station, Chicago, Ill.

Nothing has appeared in print for many, many moons possessed of the rare and tender charm which saturates the novelette in the May number of Lippincott's Magazine. Its title is "Kitty of the Roses" and its author Ralph Henry Barbour. Nine shorter stories of agreeable variety follow. Of popular papers there are four. Heading the list should stand George Moore's entertaining notes written in Paris under the title, "Moods and Memories." Elizabeth Robins Pennell compels interest in her descriptions and anecdotes about "London Chambers." A charming travel paper by Maud Howe is named "In the Abruzzi Mountains," and a readable bit of natural history about "Spider-Webs and the Brains Behind" is by Frank H. Sweet.

The Metropolitan Magazine shows steady improvement in each number. A few of the articles in the June number are: "Poe's Dreamland of Reality," by Francis Sullivan; "The Decoy," a nature story, by Chas. G. D. Roberts; "June: The Bob-O-Link," nature rhymes and pictures, by Walworth Stilson. W. A. Fraser, tells, or rather makes his four-footed hero tell, "The Tale of Unt, the Camel." It would appear from this narrative that the camel has many human attributes. The story is illustrated by Arthur Heming. Julian Hawthorne narrates the stirring adventures of a wealthy New Yorker and his wife on their palatial yacht in the white wilderness of the arctic regions. Anthony Hope contributes the leading short story to the June number and it is in his happiest vein. His characters are superbly drawn and his comedy is light, artistic and cast in the same graceful mould of fun and philosophy as his famous "Dolly Dialogues." This number is the "Out O' Doors" number of the Metropolitan and contains ten short stories and 100 illustrations.

Considerable controversy is liable to be provoked by an anonymous article, in Everybody's Magazine for June entitled "Is America Developing an Aristocracy?" which deals in a peculiarly frank manner with a typical group of the sons of American millionaires. The writer declares that, although every community has its own legitimate best society, we cannot, in the European sense, ever have an American aristocracy. The fourth generation of a great family is scarcely ever able to take care of itself, and in proof he cites the careers of the younger Vanderbilts and Astors as showing how strong lines thin out in the latest generations. There are several other articles of sterling interest: "The Home Life of Emperor William"; the story of the greatest American jockey, George Odom, by the clever writer on racing, Charles E. Trevathan; the second article on "Consumption, the Great White Plague," in which Eugene Wood tells how the fell disease, if taken in time,

may be cured; Tornaro, the well-known caricaturist furnishes his conception of eight presidential candidates. There are ten stories, including a most exciting war-story by Morgan Robertson.

Genuine, gripping readableness is the marked quality of June McClure's. This is supplied by a lot of high grade summer fiction covering a wide diversity of places and things, together with a number of live, vital articles, and some significant editorial comment. Ida M. Tarbell describes the twenty years' struggle of the independent oil men for commercial life in this instalment of her "History of the Standard Oil Company." Another article of mixed fiction, truth, and satire is called "The Inoculation of Mr. Skads." In it John McAuley Palmer, a teacher in economics at West Point, keenly probes some of the sore spots in modern business in a manner highly humorous, yet drawn so close to the line of life and fact that it presents a real as well as entertaining picture. "The Peril of the Icebergs," by P. T. McGrath, described at first hand from a life on "the grand banks." Samuel Hopkins Adams tells the life story of Dan Cunningham, United States Deputy Marshal, whose strenuous years have been full of more hazardous adventures, thrilling incidents and heroic deeds than an historical novel.

VARIOUS TOPICS

A strong infusion of red raspberry leaves is of much value in chronic diarrhoea. It removes the inflammation and acts as an astringent. A quart should be drank each day until the bowels are regular.

It is said that bachelor life is more destructive to males than the most unwholesome trade or the most unsanitary surroundings.

Dr. J. A. Burnett,
Sullivan, Arkansas.

Modern Therapeutics

CASE OF IDIOPATHIC ANEMIA

Idiopathic anemia presents some very difficult conditions to relieve. During May, 1903, Mr. B. H., aged forty-eight years, gave up his work as mail-carrier on a R. F. D. Route, and took to his house and shortly after to his bed. He received good medical treatment from several competent physicians, but steadily failed till he seemed almost bloodless. During the autumn he was taken to Clifton Springs Sanitarium, where a blood count showed 1,500,000 red corpuscles to a cubic c. mm. and he was sent home as a case not suited to treatment. Less then three weeks ago I first saw him. He was confined to bed, dropsical, nearly bloodless, not greatly emaciated, hardly able to express an idea, brain being almost inactive. He had always chewed tobacco excessively; this I stopped abruptly and completely, I put him on pepto-mangan (Gude), in place of ———————— which he was taking, and gave him 1-20 grain of arsenious acid in tablet form once daily.

For five days he lay partly comatose, then began to revive, and from that time on has improved very rapidly. The dropsy is all gone, and the mucous membranes of lips and eyelids are red. He sits at the table and eats several pounds of red meat daily, sleeps quietly, and his brain works easily and actively. I am not puffing any particular medicine; indeed, I hardly know which to give the credit to—the pepto-mangan or the breaking of the tobacco habit. He has never asked for tobacco since he "came out." He seems so amazed to find himself improving that he is willing to give it up. Chas. L. Lang, M. D., Weedsport, N. Y., in St. Louis Medical Era.

PAIN IN RHEUMATIC GOUT.

Chas. P. Heil, M. D., late Professor of Anatomy, Indiana College of Medicine, Indianapolis, Ind., in the Mobile Medical and Surgical Journal, states: "Many of the cases of rheumatic gout which I have treated were of an obstinate and complicated character and I must state that I myself have been suffering an attack in the nature of a very severe inflammatory condition, situated in and over the articulations of my wrist, knee and ankle joints. The pain which I suffered most of the time was indescribable. I placed myself under the care of a physician, who, upon examination pronounced me also slightly affected with cardiac trouble. I suffered the most excruciating pain for ten days and nights, without alleviation of my sufferings, nor apparent signs of progress for the better. Knowing full well the efficiency and value of antikamnia tablets in these cases, I took two tablets and about ten minutes after taking them the pain was relieved, I perspired slightly and then fell into a gentle sleep. The result was simply magical. I slept eight hours in perfect rest, free from all pain. I continued the two tablets every four hours during my convalescence and until complete recovery."

HOW TO AVOID PRESCRIBING OPIUM AND MORPHINE

Dr. N. B. Shade of Washington, D. C., in an article published in the Medical Summary refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offsets the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonitis. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all the desirable qualities of opium with the bad qualities eliminated. Some of the brightest minds of the present age are now being devoted to the developmnet of a therapy in which the primative bad effects of many important drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be a safe procedure to give papine a trial.

SOMETHING TO CONSIDER.

After many trials of a remedy that has previously given you satisfaction, have you ever experienced a time when results seemed to fail? You evidently presumed that your old stand-by had lost its efficacy, when in reality, if upon investigation, you will many times find that your patient is taking a worthless substitute and not the genuine product.

Dysmenorrhoea, that most painful affliction of women readily responds to treatment with Hayden's viburnum compound, and as this well-known remedy is always uniform in composition, uniform good results follow its administration. All reputable products are imitated, which is the best evidence of the value of the original preparation, therefore, where pain is manifested, it is important that the genuine Hayden's viburnum compound be administered.

THERAPEUTIC SUGGESTIONS

A strong decoction of oats will relieve most cases of vomiting of pregnacy. Half a cupful should be taken just before the usual time for the "morning sickness" to commence.

In typhoid fever if deafness occurs in only one ear the prognosis is unfavorable, but when it occurs in both ears, favorable. J. A. Burnett, M. D.

BRIEF MENTION.

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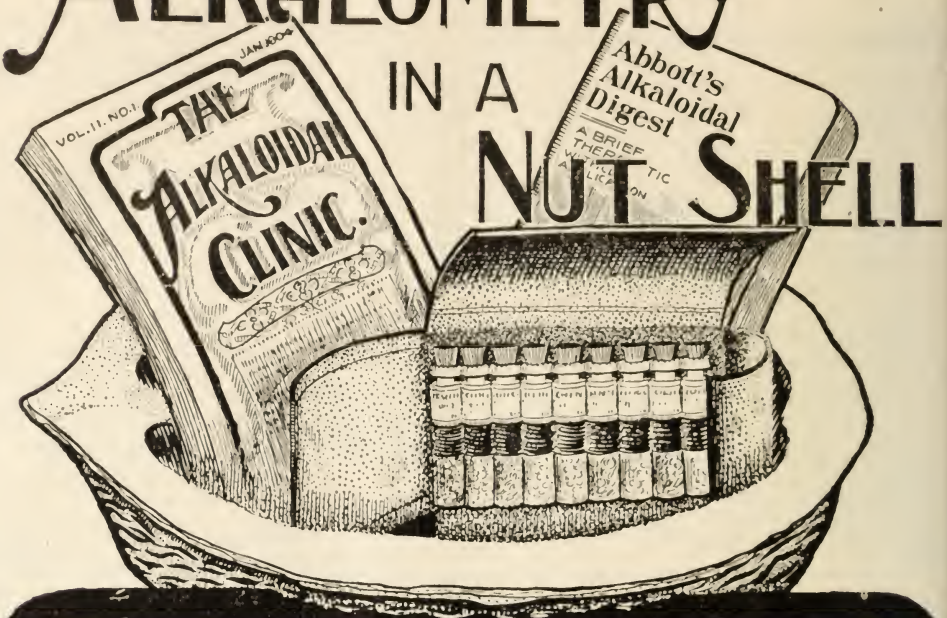

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The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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LEADING ORIGINAL ARTICLES.

CLINICAL LECTURE.

The Nature of Symptoms as an Aid to Diagnosis of the Uterine Adnexa, and the Relation of Disease of the Cervix Uteri Thereto.

By Henry T. Byford, M. D., Chicago, Illinois.

Delivered at the College of Physicians and Surgeons, Chicago, March 10, 1904.

(Continued from Page 207 June Recorder.)

ENDOMETRITIS, OLD ADHESIONS OF THE OVARIES AND LACERATION OF THE CERVIX AND PERINEUM. POSTERIOR COLPOTOMY FOR SEPARATION OF ADHESIONS, CURETTAGE, SCHROEDER'S TRACHELORRHAPHY AND EMMET'S PERINEORRHAPHY.

The patient, Mrs. J. W., is 36 years of age, has had two children, youngest nine years ago, and a miscarriage one year ago. She has therefore been comparatively sterile for nine years. She suffers a great deal and for the past two months has found it impossible to attend to her household duties. She has pain in the right iliac region, backache about every two weeks that keeps her in bed two days each time. Cannot sit up all day. Menstruation prolonged and somewhat more abundant than normal.

Upon examination I find an enlarged, lacerated, eroded and exerted cervix, secreting a thick mucus. By bimanual examination the left ovary is felt to be normal in size and moves slightly between my fingers. The right ovary is small and immovable, and the right

HENRY T. BYFORD, M. D.

sacro-uterine fold or ligament is rigid. If both sacro-uterine ligaments were rigid I would say that it might be a connective tissue rigidity such as we sometimes find without any exudate. As the rigidity is unilateral it is prob-

ably due to the remains of a peritoneal exudate. In cases like this the young surgeon, and sometimes the older general surgeon, not feeling anything very noticeable outside of the uterus and seeing the bad condition of the cervix, proposes a trachelorrhaphy and rashly promises the patient that it will cure her. Now in this case the symptoms point to something more than cervical disease and I shall make an exploratory incision, for if a trachelorrhaphy is performed without the correction of the difficulty in the appendages the manipulations may make her worse. It is thus not uncommon for a woman to be made worse by a trachelorrhaphy.

With the perineum retracted I pull the cervix up under the pubic arch by means of tenaculum forceps that grasp the posterior lip. I make an incision in the median line from the cervix backward for about an inch. I now pick up the exposed connective tissue near the cervix and with scissors make a small cut which opens the peritoneal cavity. I enlarge this opening to about half an inch in length and force two fingers of my left hand through it, and can just reach the left ovary. I find it slightly adherent and know that its mobility was due to the elasticity of the broad ligament to which it was attached. I have easily separated it from its semi-membranous attachments and it moves freely when touched.

Introducing two fingers of the right hand I find the right ovary firmly attached to the sacro-uterine ligament near the wall of the pelvis and partly buried in the exudate. I have finally separated it and as it is normal in size and shape, in fact rather small, I shall do nothing more to it.

In closing the incision, my first suture, which is of catgut, is placed in the center and upon being tied completely closes the peritoneal cavity, and two more vaginal sutures, one on either side of the first one, unite the vaginal edges completely.

I now dilate the cervix slightly and curette the uterine cavity. I will next excise the cicatricial tissue on the lateral angles of the lacerated cervix and remove the everted cervical mucous membrane from both the anterior and posterior lips. I cut a line across the cervix along the junction of the cervical and vaginal mucous membranes and another across the cervical endometrium at the upper angles of the lateral denudations, and excise the mucous membrane between them. By turning in the denuded posterior lip and attaching it by three catgut sutures to the edge of the cervical mucous membrane within, I cover the posterior denuded surface with healthy vaginal mucous membrane. I do the same on the anterior lip. Now the lateral denuded areas are trimmed and united the same as in performing an Emmet trachelorrhaphy. I take two sutures on each side. This produces quite a normal looking cervix, a little less conical and with a longer external os than the usual Emmet operation. I notice that the fundus uteri leans farther over the bladder than before the adhesions were separated and therefore in a more natural position. Having thus relieved the ovaries of their adhesions and removed the diseased tissue from the uterine cavity and cervix we may reasonably expect the best of results.

I am performing a perineorrhaphy after Emmet's method, because the lacerated and relaxed areas extend into the vagina along the posterior vaginal sulci, and we wish to narrow the vaginal entrance more than the vulva, for the perineal body is only partly lacerated. An operation after Tait's flap method would make a small vulva, but would leave the lower end of the vagina relaxed. The patient would feel but little if any better for having had such an operation performed.

CYSTIC DEGENERATION OF RIGHT OVARY, LEFT OOPHORO-SALPINGITIS WITH ADHESIONS, HYPERTROPHY OF UTERUS DUE TO INTERMITTENT PYOMETRA. RESECTION OF RIGHT OVARY. REMOVAL OF LEFT OVARY AND TUBE.

Mrs. G. A. is twenty-eight years old and has had five children, the oldest ten and the youngest two years. She has had more or less pelvic pain for five years, dating from a confinement. She felt, however, comparatively well until a year ago when she says an abscess developed which was attended with severe pelvic pain until it discharged an offensive pus per vaginam. She had the same kind of an attack six months ago and another three months ago. Six days ago she coughed up about three drachms of frothy blood. One sister has pulmonary tuberculosis.

Upon examination I find an enlarged uterus and an elastic body apparently the size of a hen-egg lying behind and to the right of the cervix. The left side has always been the seat of the pain but on that side I feel nothing but a hardening of tissue high up. I cannot make out anything definite on the left except the presence of adhesions.

The history and physical signs point out the advisibility of a peritoneal section. In spite of the hemoptysis and family history I do not think that we will find tuberculosis. The patient is well-nourished, has a full chest and does not give the physical signs of any kind of lung disease. If there were peritoneal tuberculosis present in the pelvis, more induration would have been palpable per vaginam and the abdomen would not be so flat.

I am making an abdominal incision instead of a vaginal one because the appendages are adherent high up and laterally, and partly surrounded by indurated inelastic tissue, and it might be impossible to bring them down into the vagina for treatment or ablation without lacerating the broad ligament and causing dangerous hemorrhage. Such accidents have happened. As the abdominal walls are flaccid and depressible and the diseased adnexa high up, the abdominal operation will be easily executed and with but little intraperitoneal manipulation. I have easily and quickly brought the left ovary up out of the incision. It is enlarged to four or five times the natural size by cystic degeneration. About two-thirds of it should be removed as it is all cystic except a small area at the hilum. I will drop it and examine the other side before operating, for I wish to know the condition of both in order to know what can best be saved and what removed. On the other side I find the fimbriated end of the tube and the ovary firmly adherent high up on the broad ligament near the pelvic wall. The separation of the adhesions requires considerable force. As you see the ovary is purplish and ecchymotic in appearance, and is full of little cysts and bloodclots. The outer half of the tube is dilated sufficiently to hold half an ounce of fluid and the fimbriae look as if they had been partly drawn in, although it is probably the projection of the thickened peritoneal coat that has partly covered them. The tube is now not closed although it was closed by the adhesions before I separated them. The tubal walls are not much thickened and the tubal secretion, after having escaped first into the peritoneal cavity and causing adhesions and closure of the fimbriated end, undoubtedly flowed afterward into the uterine cavity. Upon separating the tube from its adhesions I did not notice any fluid. The supposed abscesses were undoubtedly attacks of uterine colic due to retention of fluid in the uterus until it was distended, and then painful contractions occurred to expel it. The uterus looks hypertrophied, being nearly twice its normal size.

Having removed the left ovary and tube and having disinfected the stump, I will now cut off the outer two-thirds of the right ovary in order to leave only healthy tissue, and then draw the cut edges together with a fine running catgut suture. In young women I prefer not to remove more than two-thirds of an ovary for when nearly all is removed the remainder sometimes undergoes atrophy, and if the other ovary is gone the menopause and hopeless sterility result.

After convalescence her physician will make a vaginal examination to ascertain whether the os uteri remains sufficiently patulous for good drainage. If not he will dilate from time to time.

These cases have illustrated the frequent association of disease of the uterine adnexa with bad form of cervicitis, and also the importance of studying the history and symptoms, which often indicate the presence of more pelvic disease than exists in the uterus. In the case before the last it was the symptoms that made me sure that there was disease of the adnexa although the examination without an anesthetic did not reveal it sufficiently for me to recommend operating upon them. But I was sure that there must be, and under the anesthetic discovered it.

The last case is a warning not to take the patient's interpretation of the symptoms as a guide in the diagnosis.

The examination is the main thing, but in doubtful cases the symptoms are often of great value, and help to clear up the diagnosis.

Calcium chloride and gelatinous foods should be given to "flooders" during the last weeks of gestation.

When treating cases of amenorrhoea consider the woman an esteemed liar till proven innocent.

Dr. J. A. Burnett.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 213, June Recorder)

AMPUTATIONS.

We have been considering the tubercular infections of the bones of the foot. The infected member sometimes can only be treated by amputation. The professional attendant must decide when to amputate in these cases, as a great many patients suffering from this disease can be saved a useful limb.

Where the disease has extensively involved the tarsal bones and joints in a patient who is also suffering tuberculosis of some other part of the body, amputation is particularly indicated. Where the disease has extensively involved the bones and joints of the foot and has been followed by abscess and fistula formation, and is accompanied by extensive edema of the limb, then amputation is indicated. In all cases the more depressed the general health the more amputation is indicated, the less depressed the general health the less is amputation indicated. In further making this clear I would explain by calling attention to the fact that vital resistance of the tissues is greater, the more perfect the general health, and the patient therefore in good physical condition is much more likely to have reparative processes exceeding the destructive, whereas in most cases the patient with a marked depression in his physical condition is unlikely to gain a mastery over the disease, the reverse being true.

When amputation is indicated in extensive tubercular infections, the

foot is so extensively involved that the various operations at the numerous sites selected by various surgeons are not to be attempted, but the amputation is to be performed through the middle third of the leg. This will prove to be the site of election in most instances selected by the general practitioner when called upon to operate upon the lower extremity. In the tubercular cases the attempt to amputate at a point below the juncture of the lower and the middle thirds of the leg is to be discouraged, owing to the fact that if amputation is indicated at all in these cases the foot is so extensively involved that it is useless to attempt to save any portion of it.

Amputations, as recommended by Syme, Chopart, Pirogoff, and others, have as a disadvantage the difficulty of successfully fitting an artificial member and unless the patient is in too poor circumstances to purchase an artificial limb, amputation at the upper extremity of the lower third of the leg will give a most useful stump, which can be easily and satisfactorily fitted with an artificial limb. This is to be remembered by the general practitioner when he is called upon to operate.

With the present perfected technic in amputations, the amputation of the limb at the juncture of the middle with the lower third is comparatively simple. Very careful aseptic and antiseptic precautions should be taken. The limb should be constricted above the point selected for amputation with an Esmarch bandage or a rubber cord. This constriction should be applied with the foot elevated to the perpendicular, so that the blood of the foot will flow as much as possible into the portion to be saved. This elastic constriction will allow of deliberate work without any inconvenience being suffered by bleeding.

It has been proven by a wide experience, that the flap containing muscle need not be drawn over the end of the bone, as any such muscular cushion will atrophy.

The bone is to be well covered by a flap formed of the skin and sub-cutaneous tissues down to the muscles. In order to prevent attachment of the soft parts to the bone a periosteal flap is to be placed over the end of the bone, if possible. Now the surgeon can use his own taste in fashioning flaps. At the present day the importance of long and short flaps to carry the scar to one or the other side is of little importance, as so little scar tissue forms between the two flaps that it is not likely to give trouble. Still, if the operator wish, and especially if he fear the possibilities of infection with its consequent imperfect union and greater scar formation, the flaps may be fashioned so that the line of union is carried to one side. Circular amputations can be easily performed at this point of the limb and the results are very good.

The surgeon having all preparations complete will begin by fashioning his flaps. These flaps should equal two-thirds of the diameter of the limb in length. They should be cut primarily too long rather than too short. In other words, if the surgeon is cutting his flaps without measuring, he will find that it is better to have them too long than too short, when the bone has been sawed through, as it is easier to trim down the flaps than it is to saw off the bone a second time at a higher level.

The operator should use a good, heavy, sharp, amputation scalpel for this work. Some surgeons take delight in using very small scalpels in amputating even through the thigh. As a matter of fact, they lose time with such an instrument and it is more difficult to make a neat amputation.

The soft parts are to be divided down to the muscles and then the flaps form-

FIGURE 1.

FIGURE 2.

FIGURES 1 and 2—In amputation of the foot where the operator is only amputating at rather infrequent intervals he may safely amputate saving all the sound tissues possible. The tissues are fairly well supplied with blood, flaps can be formed in any way which will permit the operator to save the greatest amount of tissue. The parts are to be rapidly divided with a sharp scalpel, when the bony structures are reached they are to be divided with saw or chisel or the division is carried through some of the tarsal joints.

FIGURE 3.

FIGURE 3—In dividing the bony frame work of the foot the operator at the present day will use the same conservatism as in the division of the soft parts. The saw and chisel should be brought into play and portions of the metatarsal or tarsal bones left rather than removed at the point nearer the trunk, whereby such a course a smooth servicable stump can be formed. The election of a classical operation has in a great many instances been the cause of the sacrifice of healthy soft parts.

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ed, dissecting back in this way the skin and sub-cutaneous tissues until the point is reached, where we desire to cut through the muscles and bone. The muscles are to be cut through in a circular direction, down to the periosteum, care being used not to injure this membrane.

The periosteal flap can be fashioned only with some care. Operators usually attempt to take off a long flap from one side to cover the bone but this is not advisable. It is better to fashion as nearly as possible a circular periosteal flap. That is, if the periosteum is to be cut through below the site of the proposed incision through the bone and it is then turned up with an elevator so that it can be pulled over cuff-like, although it will be well to have it somewhat longer on one or the other side so as to insure complete covering of the end of the bone.

The soft parts are now all to be pulled well upward so as to allow the division of the bones. This is almost always accomplished with a saw. The saw should be placed with its heel or posterior extremity against the bone and should then be drawn its full length backward. This backward stroke, if firm, will smoothly cut a groove to guide the saw and then the operator, by a few rapid vigorous strokes, can cut through the bone. One should not attempt to hasten the sawing by bearing down upon the saw.

The fibula is to be cut through at a slightly higher level than the tibia so that the larger bone will receive the greater pressure from any apparatus which may be used after healing has occurred.

The retractors are now to be removed from the soft parts and the operator turns his attention to the vessels and nerves of the limb, which have been severed. The vessels which can be seen are caught with forceps drawn out and ligated with medium size catgut or a double ligature of fine catgut is used. All vessels large enough to be

easily seen are thus ligated and then the elastic constriction is to be removed. Any bleeding points which escaped attention may now be grasped and crushed with hemostats. These smaller points can be caught with hemostats, and the instrument allowed to hang on for a few moments, and all bleeding from them will be controlled. The operator will also notice from the extremity of the bone in a few instances an oozing from a nutrient vessel which will need attention. If such exist it should be plugged with a fine splinter of bone or a piece of catgut. All bleeding having been controlled it is well to draw out any visible nerves and cut them off. This is unimportant as a rule where we no longer draw the muscles over the end of the bone.

The operator having all oozing controlled will draw his periosteal flaps over the end of the bone holding them there if he thinks necessary by a catgut stitch.

The soft parts are to be drawn together over the end of the bone and held by a series of interrupted stitches. The use of drainage tubes can be dispensed with where the operator is sure of his asepsis and a sterile dry dressing applied to the limb and it firmly bandaged. In case the patient has been operated upon under unfavorable circumstances and infection develops, it will be marked by a rise of temperature and other constitutional symptoms, but it is to be hoped that my readers will have been sufficiently impressed with the importance of the aseptic and antiseptic technic and that such will not occur.

In operations following injury it may seem advisable to save a portion of the foot and an operation such as Pirogoff's may be practiced. The surgeon will remember the advantages of antiseptic dressings in all cases of injury of the foot and will not amputate a member until he is assured that the circulation has been cut off. Many a limb which seems to be torn and lacerated beyond repair, if cleansed and put up in a wet antiseptic dressing and kept warm, can be saved. In all cases of injury the first effort of the surgeon first seeing the case should be to adequately control bleeding. Then all dirt and foreign material should be removed from the wound. Where the patient is excited and scared, a moderate dose of morphia or the discreet use of alcohol internally will secure a frame of mind in the patient which will allow of his more ready handling.

Where foreign material is crushed into soft parts, it may be best to anesthetize the patient, and trim away such tissues. While under the anesthetic the whole foot should be thoroughly scrubbed with soap and brush. The operator can often use soap and brush on dirty raw surfaces to an advantage when the patient is anesthetized. Oftentimes in cases of crushing a very little of the foot need be sacrificed. The portions which have been lacerated beyond repair can be cut away and the surgeon can exercise his ingenuity to an advantage to secure a most useful limb.

I hope my readers will remember these few brief points regarding operations upon the foot following accidents and particularly be in no hurry to amputate, as an antiseptic dressing, after bleeding has been controlled will allow of from 24 to 36 hours wait without danger to the patient.

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Adhesions of the prepuce to clitoris with retained smegma is a frequent cause of enuresis in girls. It is easily relieved by stripping the prepuce from the glans.

Cimicifuga is one among the best remedies for small pox. Add one drachm to four ounces of water and give a teaspoonful every half hour.

J. A. Burnett, M. D.

DIRECT HAEMOSTASIS BY FORCIPRESSURE, TORSION OR LIGATION OF THE VESSELS IN COMPOUND FRACTURES.

By Thomas H. Manley, Ph. D., M. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

Immediate search for, isolation and obturation of a divided artery is always the most radical and effective mode of suppressing haemorrhage, in general. Nevertheless, however rational it may seem, it is often inexpedient, and in no class is this the case more often than in extensive mutilations of the tissues, associated with compound fracture, involving the extremities.

Our patient is in shock, the arterial blends with venous blood, and seems to issue from every direction. The bone is badly disorganized and undue motion of its fragments augments the flow and gives increased pain. The aperture through the integument may be of such narrow dimensions as to render exploration for the bleeding points quite impossible.

When the crushing force has been so great as to quite or entirely sever or crunch through everything, so that a nude, mangley surface is exposed, when we often see or feel the throbbing wall of the artery, then no one will hesitate to promptly seize and obturate it, with all the visible bleeding points. But, even here, should no pressure forceps or ligature be at hand, then packing and pressure alone may suffice, till the patient is brought to bed, and moderate reaction is established.

It might be asked, why not cut down immediately on the bleeding points and ligate them all at once, rather than depend on compression, which is unreliable, besides those tentative expedients are only temporary in their effects and must require another re-opening of the wound with a fresh addition of shock? It might be argued, too, that the wide incision into the tissues made to expose the vessels will enable us all the more effectually to flush the mutilated parts with antiseptic solutions, and thereby more effectually fortify the mangled structures against infection. All these assumptions have an apparent theoretical foundation, but, when carried to the practical test, are, to a large extent, fallacious.

The conclusions of enthusiastic novices fresh from the laboratory, where they have sought to establish definite dogmas on the subject of germ infection, through deductions derived solely from experimentations on the lower animals which they apply to man must not be accepted without hesitency and distrust, until they have had the support of extensive clinical tests.

To suppose that every mutilation of tissue, simply because it has been exposed to atmospheric influence, must necessarily become the seat of infection, is both absurd and fallacious.

To open widely the tissues therefore for the purpose of securing oozing vessels is unnecessary, in all but very rare instances.

Denuded, living bone, when fractured, is extremely intolerant to direct manipulation, and when unduly exposed, is almost certain to be followed by severe constitutional symptoms and local suppuration.

We are justified in taking this step only when other means have been faithfully tried and have failed, or when it becomes necessary to make an opening for the readjustment of the fragments, their removal or fixation and we are prepared to apply a definite adjustment.

But, when circumstances favor this line of practice, it is perhaps to be preferred to any other, inasmuch as when

effectual pressure on the disorganized parts, is no longer necessary, the collateral vessels or the main trunks are not endangered and reparative processes are not retarded.

CONSTITUTIONAL TREATMENT.

Although it behooves to act with haste and precision in dealing with these sources of hemorrhage, yet, if we overlook the systemic condition and concentrate all our attention on the local parts, we may commit a fatal error and allow our patient to sink into a mortal syncope, just at the moment when vascular leakage has been suppressed. Men bear the loss of blood worse than women, and children worse than adults. One suffering from a great and sudden loss of blood experiences great thirst and need of air. Bodily weakness is very great, the pulse is thready and the extremities are cold.

Cold water may be given freely, and if in close, stuffy quarters fresh air should be admitted. Fanning and douching the integument of the face are most grateful.

It might be regarded as an unpardonable omission in this connection to neglect saline solutions by intravenous injection in exsangiunation after traumatism. It is most extraordinary how a thready, flickering pulse will fill out and strengthen up after from four to six ounces of warm salt water has been forced into the veins. We have produced a mechanical distention of the circulatory system; but this flooding of the vessels is fraught with peril. Oedema of the brain and lungs often follow with over-dilation of the cardiac chambers in many cases. True, fluids are called for urgently but they should be introduced by the mouth or the rectum, slowly, in small quantities until the circulation has recovered its equilibrium. My own experience is decidedly against venous irrigation in large hemorrhage from any cause.

The body should be laid in a prone position, with the head lowered. Severe quiet, with rest to the body are conditions of vast importance.

To abruptly transport one over considerable distance in any ordinary vehicle, who has sustained a great loss of blood, is to greatly diminish his chances of recovery.

Certainly, it commonly occurs that the injured must be raised and carried to the nearest shelter or hospital for treatment; but this should be done with care and without haste.

INTERNAL MEDICATION.

What medicine, if any, should be given to one who has sustained severe hemorrhage from the mangling of a limb?

Probably the most convenient and efficacious of all known stimulents is alcohol, and patients who have lost much blood bear it in liberal doses with singular tolerance. It annuls pain and buoys up the drooping spirits, increases the force of the cardiac contractions and gives tone to the whole muscular system.

Total abstainers might object to freely partaking of it, when we may substitute hot tea or coffee, the valuable stimulating effects of which, in this class of cases, are not properly appreciated.

Internal medication, in my judgment, is rarely called for, and when employed, without extreme caution, may be very prejudicial to the patient's chances of recovery.

An exsanguinated person is extremely susceptible to the action of powerful medicaments. A small dose may produce cumulative effects, and suddenly induce such lethal symptoms as quickly lead to mortal changes. Opium has been highly lauded, in the form of laudanum, because it is supposed to stimulate the vagi and favor contraction of the arteries' muscular coats.

But, the danger of inducing fatal

coma, should compel us to withhold it, unless our patient is in a state of great pain and mental unrest.

The subcutaneous injection of nitroglycerine, strychnine, digitalis, strophanthus or sparteine, I believe is not to be depended on, to revive the vital powers, when their extreme depression results from a great loss of the vital current. That any one of them may induce a dangerous toxaemia cannot be gainsaid. This, on the whole, will more than counteract any benefit, that may in occasional cases be derived from them.

The custom sanctioned, by modern usage, of indiscriminately employing a large hypodermic dosage of morphine in every case of serious crush of an extremity, cannot be too severely condemned.

The only excuse or justification for its employment is that it relieves pain and stimulates the heart's action.

But a limb, properly treated after injury, should not be very painful, besides moderate pain at intervals is a useful monitor, which cannot be artificially suppressed with impunity.

My observations, based now on a fairly extensive experience, do not support the view that morphine is directly a cardiac tonic.

On the contrary, by inhibiting the peripheral and visceral reflexes it blunts the sense of hunger and thirst, diminishes peristalsis and induces constipation. In a word, it interferes with all the nutritive processes of the body. The slowing of the pulse which so generally follows its injection, is no doubt rather to be attributed to bulbar inhibition and impairment of the central, circulatory reflexes than to its tonic action on the muscle fibres of the heart.

Let us rather depend on safe and long tried agencies, for systemic treatment, in these cases, rather than heedlessly, or as a matter of routine, employ those potential medicaments, the administration of which is not free from danger and often of questionable value.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 177, May Recorder)

INDUCED CURRENTS.

Induced currents are obtained from small transformers. We use a battery or electric light circuit, and by running the current through a coil surrounding a small magnet, while interrupting them rapidly, a current may be obtained from a secondary coil of fine wire, of increased electro-motive force, but small amperage. These currents are called faradic currents when obtained from coils for medicinal use, and are valuable for electric massage. They are alternating currents with increased cycles, but usually in practice carrying less then .05 milliamperes with from 500 to 6,000 volts. They will not produce electrolysis, and are of service simply as a muscular stimulant. The polarity runs in both directions, each alternation making it a to and fro current.

Electro-magnet currents are of the same type, only with a slower cycle, and are derived from an electro-magnetic machine; where we cause a coil of wire to revolve between permanent magnets.

These currents, while more disagreeable for the patient to bear, are a more pronounced muscular stimulant. Frequently these machines are sold by manufacturers as sinusoidal machines and they pass as such to men who do not know the difference.

Sinusoidal currents are currents that have polarity and pass in one direction, and are of the swelling type; beginning at zero and gradually swelling to the maximum limit of tolerance, and gradually decreasing to zero again, but having its polarity always in the same direction. These currents will produce electrolytic effects and modify nutrition in a most wonderful way. They may be modified by reversing the sine so that we get a slow swelling alternating current. We can use a very large amperage with the reversed current without causing blisters to appear, as hydrogen and oxygen are liberated alternately by each pole during the reversal, completely neutralizing the acid and alkali released at each flow of the current.

I have found these currents the most valuable that have ever been used in my laboratory, especially in the various forms of degenerating neuritis. I have collected a large number that have been pronounced incurable, and have succeeded in bringing about regeneration in a few months. Any one who has been unfortunate enough to suffer from this disease will realize the blessing this offers. These currents are very slow, not over fifteen alternations a minute so that we not only make the muscles contract to their fullest extent, but avoid the tetanic contractions, which are so painful with either the galvanic or faradic current, used in practice.

These currents may be obtained from any wall plate, by connecting between the patient and the plate. A suitable transformer is by revolving an oblong piece of iron between the pole pieces of a permanent magnet, the coils surrounding the latter. The closer the iron approaches the magnets, the stronger the current becomes in the coil, and after reaching its maximum on close approach it recedes gradually until zero is reached, when the reversal again takes place. These currents are destined to eventually find their way into the offices of all medical electricians, as the results in practice are so satisfactory.

These currents have been found to give almost immediate relief to obstinate cases of dyspepsia, especially when accompanied with dilatation, so by prolonging their use for a few months in very obstinate cases, will most generally produce a cure. This fact I have learned by an accident while treating other conditions. The relief is so prompt and pronounced that the patients are satisfied to continue treatment until a cure has taken place.

I have found that in a few days after the use of these currents are begun, that the bowels resume their functions, fermentation ceases; and patients need not be so careful what they eat. It must not be forgotten that the results obtained, were in cases that have consulted some of the most eminent specialists in the world, and have been pronounced incurable; they have undergone lavage, massage, physical culture, and numerous diet cures, but obtained very little relief; the results were so extraordinary that it was almost beyond belief, so I sent for some old patients known to me in my earlier years of practice as incurable, in order to try the effect upon them, and it gives me pleasure to announce that my confidence was not misplaced.

It is true, of course, that a few cases that have suffered from a violent gastritis which has destroyed the peptic glands, must depend upon some artificial ferment for continued health. These ferments did not give any relief before the treatment was given and only those members of the medical profession who have suffered from a dilated stomach can appreciate what relief means in this class of cases.

(To be continued.)

HYPNOTIC SUGGESTION.

By J. R. Etter, M. D., Crawfordsville, Ind.

As stated in a previous article, it is not necessary that a person be hypnotized, that is put asleep, to accept suggestions upon which they will act. In fact the suggestions the physician gives his patient, as to certain effects that the medicine he administers will have, have much to do with its action on the system. He may give perfectly inert tablets to a patient that has full confidence in his ability, and if he gives positive suggestions that it will act as a cathartic in a certain length of time, it will most surely do so—on the other hand, if he says they will ease pain, they will have the pain easing quality. I do not wish to be understood as saying that this can be done in all cases, it depends on the susceptibility of the special case in hand. Neither do I say that cases can be treated without medicine, but I do say that all medicines will have much better effect in the direction intended if positive suggestions are at the time given as to what may be expected from it. The effect of a suggestion depends on the power of the person to concentrate his mind, and it is to this fact that the more enlightened and educated, receive more benefit from suggestion, than the opposite class. Those who have learned, in schools and colleges, to concentrate their minds on the complex problems there presented, have learned the great lesson of self will, and are the ones that can receive and act on suggestions given, even when awake. The degree of susceptibility is as varied as the different temperaments, or physiognomy of the human race. Success in "Suggestion" depends largely on the ability of the physician, or operator, to properly judge his subejct. How many instances can the intelligent physician recall, where patients have applied for medicine, that their ills were largely imaginary, and that they only needed the advice and assurance of the physician that there was nothing of a serious nature, and that by a little care in diet and habits, they would fully recover, and their intelligent patients go away satisfied, and feel that they have the worth of their money. Then as we drop down the grade of intelligence, we have to use various artifices to satisfy them—many we have to give medicine, when we know that they do not need any, or we lose their patronage, and by the mere act of giving them something to help concentrate their mind on getting well, they at once improve, and our praises are heralded far and wide. Then there are others that would have to be hypnotized in order to be able to concentrate their mind. Disease is not all imagination by any means, but all disease is vastly influenced, either for good or bad, by keeping the mind concentrated on it. I recently had a very aggravated case of chorea, a girl in her teens, the best talent in this country had been consulted, and every remedy used that skill could suggest, but the case continued. The patient would take spells of crying for hours, and when asked what she was crying about, she would say that she did not know. Every mode of persuasion that could be devised to get her to stop crying, by her mother, the neighbors and the physician, were exhausted, but to no effect. During one of these paroxysms, the father came in the room, took off his hat and pointed it at her, at the same time saying that he was going to take her photograph, have it framed, and show it to all her girl friends. The idea of taking a photograph with a hat was so ridiculous to the patient, that she at once burst out in laughter, and the spell was off. Numerous times thereafter the father was called home from his

place of business to quiet her crying spells, and he could do so, by assuming any ridiculous attitude that first came to his mind.

One time he would sit down on the floor, tailor-fashion, pretending to be sewing, another time would pick up a chair and pretend it was a hand-organ. He never failed to attract her attention sufficiently to quiet her down. Others of the family and neighbors tried the same things, but could not succeed, but it must be remembered that they had so often tried other means and had failed, that the girl had no confidence in them, but the father having been successful in this way from the start, she had no trouble in believing that he could succeed and he did. Later on, as the nervous condition improved, it was only necessary for some one to say that her father was coming to take her photograph, or some such thing, and she would begin to laugh at once. This latter might be called suggestion at a distance—or absent treatment.

A mother related to me a few days ago, that she had often talked to her child when it was asleep, and that she had succeeded in getting it to answer questions, and even to promise to abstain from certain evil habits, and that during the following day it would not do the things that it promised, while asleep, not to do. When she pressed me for an explanation of the phenomena, I told her that it was a species of hypnotism, and she held up her hands in holy horror, and said that she would never do it again. I found that she was a crank of the worst type, on hypnotism. She claimed that she had used this method to mould the character of the child, and that any mother might do the same. But when the word hypnotism was used to explain it, she, like many physicians, was scared nearly to death, as though a rose would not smell as sweet by any other name. If it was a good thing when she had no name for it, why not a good thing by any name. Some may receive and act on suggestions when wide awake, others in a partial daze, as in the first stage of an anesthetic, others have to be asleep, either natural or artificial, and some have to be put into a deep somnambulic sleep, before they will accept and act on suggestions—these two latter classes are the ones that hypnotism will benefit. It is a well known fact that many agents have the faculty of selling anything that is offered on the market, they do not seem to need training on the merits of an article to be successful, but they have the faculty of making their customers believe that they need the article, and they buy it. This is only a species of strong suggestion. The very first qualification of a business man is to have full confidence in himself that he can, and will, make his business a success—this may be called "self hypnotization." One who attempts to impress a person with any fact, either true or imaginary, and at the same time does not have full confidence that he will succeed, will fail in almost every case. The external means used by the physician to impress his case must be varied in all cases. Some he can impress by his words and actions alone, others he must give positive directions about diet, etc., others give medicine, together with the proper suggestions. He must be a student of human nature, if he would be successful.

Now let me give my fellow practitioners a pointer. When an agent comes to you, give him a respectful hearing, as a rule they have something new to present, and have been trained in the proper manner of presenting the same, and often it is a thing that you need, and many times a thing that you have not heard of. But at the same time—now for the pointer, be sure they do not get your eye and hold

it while they talk, if they do, you will buy it, and in a few moments afterwards you will wonder why you did—this is the secret of a successful agent. This is the key of getting people to do what you want them to do, and you can learn the lesson now. When they look you square in the eye and hold your gaze, they have concentrated your thought, and have won their point. Go thou and do likewise. When you want to impress a person with a suggestion look him constantly in the eye, and don't let him evade your look. It is a poor rule that won't work both ways; if one can get you to do what they want, by gazing you steadily in the eye, that is by concentrating your thoughts, can't you do the same thing with your patients, and is it not your duty to do so?

The business of a practitioner of medicine is to improve his patients, to relieve them from the real as well as the imaginary ills that they have. One remedy is as good as another—only if it does the work. Who has not seen the mounte-bank on the street corner, pulling teeth — painless — and how many get down from the platform and say that they did not feel any pain? It all depends on the positive assertion of the operator that it would not hurt—and presto—it did not. If you should try to convince one of these people that it was only that they had made up their mind from what he said that it would not hurt, and that that was the reason it did not, they would call you all sorts of names, and if a man, would likely suggest that you go to a warmer climate than this. Thousands of people accept things, act on them and receive benefit, that if you should tell them it was the effect of mind over mind, imagination, suggestion, or hypnotism, you would never hear the last of it. There is a large class of persons, especially of the ignorant, that pride themselves on the fact that they cannot be hypnotized, but these are the ones that can the most easily be taken in by the street fakir. They do not pay their home physician, but they manage to get the money to throw to the street vender.

As long as he is in the town, singing the great qualities of his medicine, dozens are ready to certify to its great curative virtues, but inside of a week after he is gone, no one ever mentions it. Did he have them hypnotized? It is a noted fact, that those who buy the fakir medicine, go there night after night to hear the great virtues expounded, and go away, feeling that it has done all, and more too, for them. In a week or two, after the fakir has left the town, those who were loudest in his praise, are back again to the family physician, asking him for medicine on credit—credit that they never expect to pay. Such is the webb and woof of the human family, and he who gets in on the ground floor, is the one that will reap the reward. Many times have I had this class of persons ask me, why I could not get up such a wonderful medicine, that will cure in a few days, and my reply has often been: "Wait till the spell wears off, and then I will tell you." All this simply goes to show what the power of suggestion is, or may do. India is the home of the necromancer, mind-reader, hypnotist, telepathist, mesmerist, or whatever you wish to call it.

They do many things there that we do not dream of doing here. It was related by a lecturer in this city not long ago, one who had spent many years in India, that he had seen the Yogi men plant a seed in the public square, and in a few minutes he had seen a tree fifty feet high grow up, and that he had climbed up in its branches—that is that he thought he had, and that it was as real to him, for the time being, as though he had. At the same

time a person with a camera took a number of negatives of the supposed tree, that he (the photographer) also saw, but when the negatives were developed there was no tree at all. Now some may say that a thing that is so wholly imaginable as this cannot be of any good, but let us remember that most of the good and ill of life is made up the same way, and that few things are of long duration. We are constantly looking for something new, and we generally find the things that we look for—if good, we find it— if evil, ditto. Is it not the part of the physician to scatter as much good and as little evil as possible in his pilgrimage here. A babe cannot stand alone, but depends upon the strong arm of the mother, so it is with many of us, we look to some other one to guide and support us, and in many cases it is the physician that is looked to as the staff, especially when pain and sickness racks this mortal frame. Many of our medicinal remedies are but make-shifts at best, with them we aim to ease pain, and make life more endurable. Is it not the part of wisdom in the physician to use every means in his power to make life more comfortable to his patients, and if it can be attained by suggestions, or even by hypnotism, is it not his duty to administer it, and should he not be versed in the science? When we give an anesthetic we say that the patient does not feel any pain from an operation, and therefore we say that it is a good thing —no surgeon now opposing its administration.

When we hypnotize a patient, and perform the same operation without pain, the profession is ready to cry out "quack," and to say that it was all imagination, that they did not feel pain. Well, what is the difference—just so they do not feel the pain. Brothers of the profession, be fair, come out in the sunlight of God's truth, and investigate all the things that are before you, and don't be afraid.

CHRONIC SUPPURATIVE OTITIS MEDIA.

By F. C. Drenning, M. D., Duluth, Minn.

Chronic suppuration of the middle ear is a disease commonly of childhood, though no age is exempt. It usually dates back to an acute otitis media that occurred as a complication of one of the eruptive diseases of childhood, continuing for years and perhaps during the lifetime of the individual.

Acute inflammation of the middle ear in children is too frequently allowed to pursue its course with the hope that the condition will correct itself. And how often is this the case? The membrane of the middle ear becomes inflamed and with the resulting exudation in 24 to 48 hours the membrana tympani ruptures from pressure, the contents of the cavity flow out and in a few days or a week, even though the ear receives no attention whatever, nature kindly checks the discharge, the tear heals, the hearing is completely restored so that the incident is quickly forgotten.

But it is not always the case that restoration after suppuration is so perfect, even if paracentesis had been performed at the proper time. After the membrane ruptures, or is incised, the condition so far as pain is concerned, is changed but the discharge goes on into a condition of chronicity, endangering permanently the hearing, or by extension of the inflammation to the mastoid or internal ear, the life of the patient.

Now is the time, if not before, to institute measures to save a lifetime of suffering The inflammation has gone beyond the mucous membrane and attacked the cartilages of the ossicles,

the periosteum, the ossicles themselves, the bony wall of cavity and probably the mastoid cells.

The seat of permanent trouble is more often the membrana tympani or the ossicles, which undergo a process of necrosis till it is completely destroyed or if an ossicle be affected, destruction will go on till that particular ossicle is destroyed, unless checked by radical measures.

By radical measures is not always meant ossiculectomy. Necrosis of soft or bony tissue should be treated here the same as elsewhere: curettage and antiseptically. Currettage is practical in such a small per cent. of cases as hardly to be considered. Antiseptically is the most practical and if carried on properly will yield good results. Thoroughness and persistence are the two perquisites necessary to secure the greatest success.

It is not so much what antiseptic is used, as how it is used. Profuse irrigations with hot water, not warm water, but hot water, carrying any good antiseptic agent will answer. Half drachm carbolic acid to a quart of hot water or half drachm lysol to the same amount of water; solution potassium permanganate, 1-7000; bichloride solution, 1-10,000; solution of boric acid or Thiersch solution will give good results. In long standing cases the artificial digestants are used with much satisfaction. Solution of pepsin and pancreatine may be dropped, warm, into the ear at night and thoroughly washed out in the morning. A highly lauded preparation for treating chronic disease of cavities is enzymol, made by Fairchild Bros. and Foster. It claims a value from its solvent or digestive properties on dead tissues. The main object is to render the suppurating surface free of germ life and give nature a chance to reconstruct, and this can only be accomplished by thoroughness and persistence.

PERITYPHLITIS.

By E. L. Ward, M. D., Starrucca, Pa.

Physicians nowadays seem to have more cases of appendicitis, is it that there are more cases or do we make better diagnosis? You run in to see a case and the patient is suffering acute pain and this is located in the right iliac region, the first thing that you think of is this a case of appendicitis. Give a purge and wait 24 hours and if the symptoms do not abate and you have made a diagnosis of appendicitis, operate. A number of cases of appendicitis when due to a bending of the appendix upon itself or torsion of it is often righted by a good purgative or even when due to a mechanical irritation. Delay is dangerous, operate as soon as possible. I just have operated upon a case where I waited too long, although I advised an operation at the beginning, but the parents were against it till they saw that therapeutical agents were not of any use. I operated, found a large abscess form which broke, causing acute perintonitis. The mechanical agent which caused all the trouble here was two grape seeds imbedded in the wall of the appendix. I do not think that therapeutical agents are of any use. You may use morphine to quiet the pain, but this only covers up the true symptoms and leads you to think that your patient is improving. Although I must admit that there are cases of appendicitis that get better, but they are subject to another attack sooner or later. The laity seem to think as a rule, the physicians of to-day are too fond of using the knife. Maybe some are, but I think that the average physician looks out for the welfare of his patient. I believe in using other therapeutic means as long as possible, but most cases of appendicitis need the radical treatment.

Delay is dangerous.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SUMMER IN EUROPE.

THE START.

In preparing for a European tour for study and pleasure, one year is the least possible time a busy man can devote to the preparation. There is so much to do, so many things to learn and look up that one finds the time slipping past far too rapidly, and sailing time here before one has accomplished anything. With the study of language, points of interest to be seen in travel, and one's own profession, the months pass swiftly and we must engage our passage, unless we wish a poor situation of stateroom. Three months before we wished to sail the boat of the Hamburg-American line which we had wished to take was completely booked, and bookings are made early for June sailings on all lines. We booked on the White Star line "Cretic," sailing from Boston, June 2, at 12:30 p. m., which will land us at Queenstown, Ireland. For the return passage we booked on the Hamburg-American line "Prince Adelbert," which sails from Naples, Italy, and lands at New York city. In this way we are able to take the northern route over and return by the southern route, thus experiencing the two principal routes to the old world, and making the trip as varied as it can be, by not doubling on any of our routes.

On May 30 we came to the old and interesting city of Boston; strangers in a strange land, and as we inquired our way, the answers given in the Bostonese dialect seemed very confusing, but by repeated questioning of different people, we were able to distinguish the American language, and find our way.

To thoroughly enjoy a visit to a city where you have no friends, you must leave the hotels and try and obtain rooms in a private family; they always delight in doing for you and telling the interesting points of the city. The rooms we engaged at 154 Huntington Ave., could not be improved upon and any one going to Boston will be more than pleased to go near that location, as it is central and the most desirable part of the city. Cars to every part of the city go on Huntington Ave., and you are only a few moments' walk from the center of the city. There are many extremely interesting places to visit, but owing to the indisposition of Mrs. P., we only took in a few. The first, of course, was Bunker Hill, with its monuments, and as I stood on the redoubts, thrown up that spring night in 1775, and looked over the city and down the hill, I could not help but think that I should rather be a mender of eyes than standing there, gun in hand, with the order to "wait until you see the whites of their eyes." We little appreciate what our forefathers went through, that we might enjoy this beautiful country.

A short walk through crooked, narrow streets, lined by little shops, brought us to the navy yards, and we were fortunate to be present at the retirement of the commander, a vice-admiral, by age limit. The "Chicago" was in dry dock, being repaired and as we watched the work the noon whistle blew and out poured hundreds of working men, whom I was told would take a year to repair her for service.

Not far distant lay the old "Constitution," dear to every American's heart. I could not help but feel the pride its officers must have had when it was mustered into service 106 years

ago. She made many captures but never suffered defeat.

A trip across the city and we were inquiring our way to "Old North Church," or Christ Church, in the bell-fry of which the lanterns were placed to tell which way the British were coming and start Paul Revere on his memorable ride. We found the church situated on a narrow, dirty street in the Jewish quarter surrounded by cheap buildings so that one could nearly miss it. The church was founded in 1723, so in itself is quite a relic.

A hurried trip to Harvard ended our day's sight-seeing. As we crossed the bridge over Charleston river the Harvard boat crews were just starting on a practice spin.

No wonder the boys speak of dear old Harvard, for it is a beautiful place, and as I saw the boys in the flush of college life, I envied them. There is nothing that compares to college life and those that have had it may consider themselves twice blessed.

Through the courtesy of Dr. Burnham. I had a very good opportunity to visit the Massachusetts General Hospital. It is one of the most thoroughly equipped hospitals I have ever inspected. The part that was most interesting to me was the nose and throat department, but recently added, and under the charge of the well known Dr. A. L. Coolidge. The equipment is most complete, both for study and service. There is one thing I have noticed in hospital nose and throat work and that is the operator sitting in front and astride of the patient, thus working practically at arm's length. I much prefer to sit at the patient's right, which brings the field of operation close and relieves the embarrassment of our lady patient. This many seem of little momen, but it is one that is commented upon by our clientage, as are many other things that are done because we were taught that way. The little things do more to make us successful physicians than the great achievements, for the latter are apt to be infrequent.

At the Massachusetts Charity Eye and Ear Infirmary, one finds the perfect hospital, both for outside and hospital patients. The pus cases are kept in isolated wards. There are special operating rooms for cataracts, mastoid abscesses and the minor operations on the eye and ear. Everything is so clean and perfect that one does not pity the poor. One thing I noticed was the mastoid cases among the children, and I could not help saying: "Woe to the doctor that tells a parent that a child will outgrow a suppurating ear." We meet them every day. Why will the general practitioner think he is degrading himself if he acknowledges that the specialist knows more of these things than himself? I have talked with many physicians who claim they never saw a case of adenoids and yet have child patients that have inherited catarrh. I think we are becoming a little further removed from our inherited idea. If our boys and girls had beter noses and if our doctors would only pay as much attention to the breathing of their patients as they do to their digestion, they would have far better results in their practice.

Do not let a competitor cure an inherited catarrh by an adenoid operation. A sickly, peevish, ill-nourished child, entirely cured by an adenoid operation, is a good foundation for a medical reputation. A recurrent suppuration of the ears cured by an adenoid operation is a round upward. A saving of glandular abscess of the neck gives the doctor a pride in himself that makes him advance in his profession.

If the laity only appreciated preventive medicine I am sure we would be happy.

In the treatment of suppurative eye diseases, I wish to emphasize the use of argyrol in 20 to 50 per cent. sol. The

results are remarkable, as there is no pain it is very acceptable to the patient.

While in a Boston elevated train I saw a remarkable freak of nature in a cleft nose. Each tip was at least 3-4 of an inch long. The victim was a man over sixty and why he had gone all these years with such an attractive (?) face, when so slight an operation would have corrected it, is more than I can comprehend.

Thursday morning was dismal and rainy, and as we started for the "White Star" dock to board our good ship "Cretic," we were not in an overly joyous mood. Nearly all had their friends to say good bye to, and as we stood on one side, I was false to my profession and practiced "absent treatment" on my farewells. As we steamed away someone on the dock played on a cornet, "Shall Old Acquaintance Be Forgot?" and old ocean took to himself many a salty drop.

The one charming part of an ocean voyage is the delightful acquaintances you meet from all parts of the world. Your time is taken up in reading, sleeping and eating. With three regular meals and two deck luncheons one is very apt to be soon in his berth with an overworked liver. Many have not left their staterooms and after a few days out new faces were seen, and they were jokingly asked when they arrived. The skipping of a few meals was accounted for by a "sidetrip." The "Cretic" is a very steady boat and the voyage has been very smooth, although we have had four stormy days. Ship life becomes very monotonous and we're looking forward to a night's landing at Queenstown and our ability to be on the "old sod." To be landed at night into a small tug will be a novelty.

J. A. Pratt, M. D.

On board the "Cretic."
Home address, Aurora, Illinois.

A NATIONAL MEDICAL LAW.

A national law licensing qualified physicians and surgeons to practice in any state, territory, or colony, of the United States, is needed.

The conditions of medical practice acts at present are those established in a haphazard way and by evolution in the various states. They have grown up by chance to meet local requirements. They have been framed too often to meet special interests, and the consequence is hundreds of variations of law in the forty-five states.

Some of the objections to present laws are:

First. There is lack of uniformity in state laws.

Second. A competent qualified physician licensed to practice in one state is debarred from practice in all other states except by special license after examination in each separate state and territory. Conditions of practice in the beginning of the new century are very different from those obtaining in the past. Inter-state practice by reason of rapid transit and telephony is creating new methods in the profession as well as in trade.

Third. The laws as they exist are special class legislation, and confer special privileges on special interests or favored individuals. Let us illustrate. Every state law with which I am familiar exempts from examination or license those physicians who were in practice at the time of the passage of the law. This creates a favored class, and is class legislation.

In one state the law provides that each applicant for license shall prove attendance on 3 or 4 annual courses of lectures, in addition to holding a legal diploma and taking an examination. If this state (North Dakota) had gone a step further and prohibited all physicians coming into the state after a certain year, the profession would.

have established a fine barrier, giving the physicians in the state at the time the law was enacted (none of whom stood an examination) an effective medical trust. Of course we understand there was no such intention on the part of the North Dakota profession. In the passage of this law they were actuated solely by a desire to protect the dear public, in fact the citizens of the entire state had been sitting up nights and working overtime to have such a law passed. Such a law as this disbars many physicians of education, and skill, and experience, graduates of some of the best schools in the country. Some years ago medical courses were two years. This provision nullifies the diplomas of some of the leading colleges in the country, so far as those particular states are concerned.

The law of an eastern state (Massachusetts) provides that licenses shall be issued to graduates of medical colleges within the state, upon presentation of diploma and without examination. Graduates of colleges without the state must submit diplomas and take examination. Of course we all understand they deal out a better brand of medical knowledge in the Harvard Medical School and the University, than John Hopkins, or University of Pennsylvania, or Bellevue, or any of the others. However, this provision may have crept into the law by chance. Of course such a provision would not be inserted to give the Massachusetts schools an unnatural and unfair advantage over other schools equally good if not in many cases better. Such retaliatory measures between states of a union are not merely ridiculous, but puerile and disgusting in a profession composed of presumably courteous and educated gentlemen.

So the confusion and the building of the walls to keep out the other fellow goes merrily on. If the thing keeps on it will soon be more difficult for a citizen doctor of the sovereign commonwealth of Minnesota to get a chance to practice in Massachusetts, and vice versa, than it will be for an American graduate to get into practice in a foreign country.

Fourth. Army, navy and marine hospital surgeons are allowed to practice in any state without let or hindrance. These men are graduates of the same schools and not one whit more intelligent or competent, and have a very restricted experience compared with the average general practitioner in private practice, and yet they constitute a favored class. The point cannot be raised that army, navy and marine hospital surgeons only practice in their respective spheres. Many of them do private practice. They take an examination simply because government service demands it, but one examination admits them to every state, and to any foreign country where their duty calls them, while perhaps their classmates in college are met at every state line by a demand for a goodly sum of coin of the realm, and compelled to take an examination.

Sixth. The state laws as they stand prevent physicians from going from one state to another to perform operations, or as consultants. In some states this section of the laws is a dead letter, in others it is rigidly enforced. A distinguished surgeon went to Chicago to see one case, and was compelled to take the board examination.

Seventh. The various state laws are framed with the avowed intention of suppressing quackery and weeding out incompetent men. Do they do it? The laws may drive out the non-graduate, but there their usefulness in the direction noted ends, as any unscrupulous man, who is bright, can take the medical course and pass the examination, and carry on his practice in a way that the law cannot reach him. The ignorant pretender in medicine has

passed away, and state laws fail to reach the educated crook in medicine.

The state laws as they stand work hardship to honest, capable men of wide experience and training, and place a premium on cramming for technical examinations by young men.

Eighth. The remedy is a National Medical Practice Law.

Let this law provide for the issue of licenses to legal holders of diplomas from legal schools without distinction as to form of practice or belief. It should provide further that all qualified practitioners registered in their respective states and in practice be licensed under the national law. Let these licenses be prima facie evidence and authority for the legal holder to practice in any state, territory, or colony of the United States. Or if an examination be considered necessary let experience count for a larger percentage in older practitioners, and make their examinations more practical.

Such a proposed law will undoubtedly meet with opposition from special interests, who are benefited under present state laws, and from some members of the profession who hold office on the state boards, but it will meet with the approval of a large proportion of the profession.

If each physician in the country, who is in favor of a law of this kind, will write to his congressman and senator asking their support for such a measure, a suitable law can be passed.

We have outgrown the patchwork laws of the states. Let us have a national law commensurate with the dignity of the profession, a law which places each physician on an equal footing. Artificial barriers giving certain interests and individuals rights, advantages, and opportunities not enjoyed by the entire profession are not right, just, or equitable.

F. F. Casseday, Ph. B., M. D.
Rosemount, Minn.

STATE EXAMINATIONS.

In May Recorder Dr. Speier writes forcibly upon state examinations. He mentions a doctor who has for years occupied a high position in the profession who fails before the California state board of medical examiners. The writer holds four certificates from boards and rather enjoyed obtaining them. His chief kick came because all practicians in said four states, and even some who were on the boards, were "old settlers," "pioneer doctors," etc., and thus exempt from examination. This is not saying that said pioneer doctors were old men, for some of them were actually younger than the writer. It does not look hardly right that in a new state a few score doctors should presume to subject all newcomers to examination when their only qualification to practice in said state was that they were on the ground before the law was passed.

Examinations are nice things. It is a great pity that all doctors under fifty years of age are not obliged to pass examinations every one or two years and thus keep brushed up. We all know doctors that stand well before the people on their pull, their money, their style, their flattery, their concealed quackery, their affiliation with secret orders, their dishonorable methods, etc., who would not have the courage to face the examining boards of their states because of ignorance, of which they are only too conscious.

When an ignorant man by any of the reasons above named is prominent, men more worthy than he, suffer thereby undeserved obscurity. No one will deny that there are many physicians who would make a bad showing at a competitive examination, who are financial "successes" in their profession. Would it not be nice to have some law that would call upon them occasionally and make actual measurement of their capabilities so that the public might know

that Dr. Brown was marked 80 on surgery, 60 on chemistry, etc., while obscure Dr. Smith passed in all departments with averages above 95 per cent?

Some years ago the writer had occasion to move to another state and the first thing he did was to write a letter to the state board. This letter was never answered. Ignorant of a late change in the medical law of that state the writer located and waited a reply to his letter. Now this letter journeyed to the capital of the state and from there was forwarded to one of the state board of examiners who lived in the very county where the writer had located. It chanced that this location was in the midst of this examiner's "garden patch," so this is what followed: One day an official-looking personage called for the writer and he was taken to the court house. He took along a bunch of his diplomas and certificates with him and upon reaching the court house promptly employed a lawyer, who arranged bonds and took his diplomas to the examiner doctor, who quickly sent an apology and stated that the examination would come off in two months and that until then the writer could practice if he would pay the fee! This he did and when the two months expired he presented himself at the state house for examination. He felt pretty sore then over the way he had been treated and when asked by the secretary of the board what references he could give, he replied that he would give none whatever. They passed on their papers and the writer "passed." In a few months that "crabbed" examiner lost some practice and the writer gained some; finally the examiner resolved to migrate to another state. This he did and the board plucked him. This is a true story and its moral is: "Always treat a stranger as you would wish to be treated."

C. E. Boynton, M. D.
Los Banos, Cal.

"CANDY CATHARTICS."

We hear a great deal now-a-days about "uric acid diathesis," "uricacidemia," "imperfect metabolism," "sub-oxidation," etc. It used to be the liver, but that much-abused organ has had a well deserved rest—both from the profession and the laity. One of the causes of the uric acid condition so frequently spoken of and written about, is the excessive ingestion of food-stuffs and the imperfect or inadequate elimination of waste material resulting from the digestive and assimilative processes.

A lack of sufficient bodily exercise and the inhalation of a proper amount of pure air, is also a factor in the condition mentioned. There is constipation, of course, and a re-absorption of toxic matter from the intestinal tract, into the blood. Later, there is a dullness of intellect, a disposition to take even less exercise, an excessive irritability of temper, vague sensations of soreness in the muscles and joints, and, in many cases, finally rheumatism or gout.

I have never seen a case of rheumatism or gout in which there was not more or less constipation, and have never seen them improve (except as to the relief of pain by the use of analgesics) until after the bowels had been opened freely and elimination established in this way.

It has occurred to me many times of late that patent pills and "candy cathartics" may be doing as great if not greater injury to the people of this country than the "non-alcoholic" nostrums with their "twelve to forty-seven per cent. alcoholic strength." One reason is, more people take "candy cathartics" than "bitters." In fact, a very large number of persons depend on some form of cathartic to help them carry on the more or less troublesome requirement nature has put upon them, of removing from their bodies the nat-

ural waste and refuse that, in any other "business" they would attend to with systematic regularity.

They begin with one pill and end with a spoonful—the constipation keeping pace with the increased dose. Or lately, these cathartics have taken the more esthetic form of "candy" or lozenges; they're so convenient to carry in the pocket and so pleasant to take.

The chronic medicine-taker, lulled into the belief that the "candy cathartics" "work while he sleeps," begins with one lozenge and is soon taking a handful at a dose—and getting no results. He has fixed more surely the condition he sought, in an artificial, unnatural manner, to remove. Without the regular dose, ever increased as the bowels become weaker in their expulsory power, he is miserable. The function of the rectum—the automatic expulsion of the fecal mass—is changed to that of a receptacle for retained waste matter, the fluid portion of which is re-absorbed into the blood. This poisons the entire system. It interferes with nutrition, with healthy metabolism, and reduces the natural, mental and physical output of the individual. He is also on the road to "uricacidemia," gout, rheumatism, and that ill-defined class of ailments that may be comprehended, perhaps better than in any other way, by the expression, "sub-oxidation," or imperfect tissue metabolism.

And the "candy cathartics" with cascara as their basic element, sold to a deluded public in the form of a confection, are in a great measure responsible, indirectly at least, for the conditions above mentioned.

Cascara, which acts upon the muscular coat of the intestinal tract, and, probably, stimulates also the secretory power of the lubricating cells, produces catharsis in varying degrees according to the size of the dose ingested. The more it and its class of drugs are depended upon to do what nature will do if given an opportunity, the sooner over-stimulation, in accordance with a well-established physiological law, will result in a proportionate deficiency of power to perform a natural and exceedingly important function.

There is one drug which, in my experience, is of the greatest use in these conditions, and that is colchicine. Not the uncertain wines or tinctures of colchicum—I mean the alkaloid. It, like other active principles, is uniform in its action, and is probably our best eliminant. It should be given in small doses (I use a granule of half a milligram—gr. 1-134), and watched until the amount required for a given case is known. In this way it never need produce any untoward effects. It acts as a stimulant to the liver secretions, as well as those of the intestines, kidneys and skin.

It is more active in the carnivora (Waugh), and hence is of special advantage in the treatment of meat-eaters, from whose ranks the uric acid sufferers are largely recruited. It does not produce the debilitating condition of the bowels left by the continually increased dosage of cascara, though in too large immediate dosage, it causes nausea and temporary lassitude. After the "candy cathartics" have produced a condition requiring a re-establishment of the eliminative functions of the bowels, liver, kidneys and skin, a proper dietary and physical exercise regime, with small doses of colchicine, will do much to bring about the conditions desired.

Robert M. Sterrett, M. D.

Former Demonstrator of Surgical Pathology, College Physicians and Surgeons, Chicago: Former Attending Physician, West Side Free Dispensary, Medical Department, Chicago.

New York, N. Y.
521 W. 123rd street.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

MEDICAL LEGISLATION AGAIN.

The short article in the Rundschau for May has brought a number of letters to the writer. A few are commendatory. Thanks for them! Others evince a total misunderstanding of the intent of the article, charging the writer with "only tearing down, not building up." That is too serious a charge to leave uncontradicted. The Rundschau wishes it understood emphatically, that, in full accord with the policy of the Recorder, it favors medical laws and fights only against their misapplications. Twenty years ago the writer did active work for the medical act of Minnesota, the first and prototype of modern medical state laws, and has always stood for its improvement and enlargement. To give licensing power to state boards of examiners, who are not connected with teaching bodies, is an ideal arrangement—theoretically. The abuses to which the system has given rise, the burdensome restrictions which have developed out of it, are generally understood. Here is a striking example of them. Dr. H. obtained a Minnesota license by examination and practiced in the state for twenty years, a good physician. Last fall he had to move to Los Angeles and failed utterly in his state examination. As a result he finds himself now, when he is past middle age, deprived of a means of earning his living. In the same Minnesota city lived a taxidermist, an entirely unlettered man, unable to make a living for his family, until he took up the healing art in the chiropractic form, whatever that may be. Then he made money and accumulated a bank account. This man has turned up in Los Angeles, has opened practice and is having a big run, unmolested by state laws. Note the contrast: S., the imposter, allowed to make money, H., the trained physician, if he writes a prescription, a lawbreaker, subject to fine or even imprisonment! The injustice is too glaring, to need further comment.

The Rundschau has tried for years to show that such abuses defeat the beneficent intentions of the laws, create enemies against them, and may call out such determined opposition as to destroy them and plunge us again into medical chaos. An abuse of recent development appears the high license fee, $50.00 in some states. Why should the fee be higher than the actual cost, unless it be the desire to keep out "undesirable" elements?

The writer is moved by a spirit of friendliness toward medical laws, not a wish to tear them down, but to strengthen them.

LUMBAR PUNCTURE IN INCONTINENCE OF URINE.

Babinski reported recently to the Academy of Medicine of Paris a few cases of incontinence of urine successfully treated by lumbar puncture. In a girl of 17, a sufferer from the trouble for ten years, two punctures had brought relief, lasting three months at the time of the report. Similar good results followed one or at most two punctures in a syphilitic with paralysis of the vesical sphincter, a patient with paraplegia, one with ataxia and a boy of fourteen. It is difficult to explain the mode of action of this treatment, nor is it clear on what reasoning it is based.

THE FEEDING AND CARE OF CHILDREN AFTER THE FIRST YEAR.

The care, especially the diet of infants during the first year of life, has been made the subject of much study which has placed it on a positive scientific basis and established certain principles accepted alike by both the theorist and the practician. Little is ever said, however, on the diet and care of the child during its second and third year. Books give to the subject rarely more than brief attention and the public considers it a domestic affair only. Physician's advice is sought in case of an acute illness of the child, rarely as a guide to management and regular dietary. But improper feeding during this period lays the foundation for many ailments of later life. Advice, as given by Dr. Rowland G. Freeman, of New York, in a paper read before the Philadelphia Pediatric society, if spread broadly among the laity, would be productive of much good. It is true, but very difficult to make most people realize, that, as a rule, children after the first year are fed too often and on too great a variety of food and with too little milk. Solid food should not be administered until the child is in possession of grinding teeth, about the eighteenth month. Dr. Freeman gives a detailed diet table which in the course of the second year gradually admits gruel, soft boiled eggs, clear soup and at last bread and butter and a very small amount of scraped beef. The main nourishment remains milk, of which he would give a full quart a day as also throughout the third year, when the time between the feedings is lengthened and more meat, some vegetables and a few desserts are added. We shall probably disagree with him, when he says that the use of cream, stewed prunes and apple sauce in most cases disturbs the digestion, and the dictum is too sweeping that the addition of cane sugar to the cereal of children should never be allowed. At the same time, there can be no doubt that the too frequent consumption of candy and other sweets is a potent cause of digestive troubles, particuarly of the constipation which is a common ailment of children. The condemnation of hot biscuits and fresh bread, as well as muffins, waffles and pancakes during the early years must meet the approval of all physicians. Indeed, the prohibition might well be extended to the adult. The breakfast of buckwheat cakes, maple syrup (so-called), and coffee, very common here, is an abomination.

In the general care of small children not so many errors are committed as in their feeding. Under ordinary conditions of life they are given sufficient exercise and sleep, but they are too frequently stinted in their allowance of fresh air. The laity of all classes has a great dread of catching cold and as a result children in their first years are kept too closely indoors and are being dressed too warmly.

PHOTOGRAPHING THE BACKGROUND OF THE EYE.

The Scientific American contains in a recent issue an account of an apparatus constructed by Dr. Walther Thorner, of the University of Berlin, by which he is able to photograph the interior of the human eye and its background, the retina. The difficulty which previous attempts have not been able to overcome has always been to throw a sufficient amount of concentrated light into the eye and at the same time not disturb the eye. Dr. Thorner makes use of a flash light composition lighted up by means of an electric spark. Still, the pictures obtained are somewhat underexposed and need special care in developing. The invention constitutes a material improvement of the ophthalmoscope and bids fair to become an important diagnostic adjuvant.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

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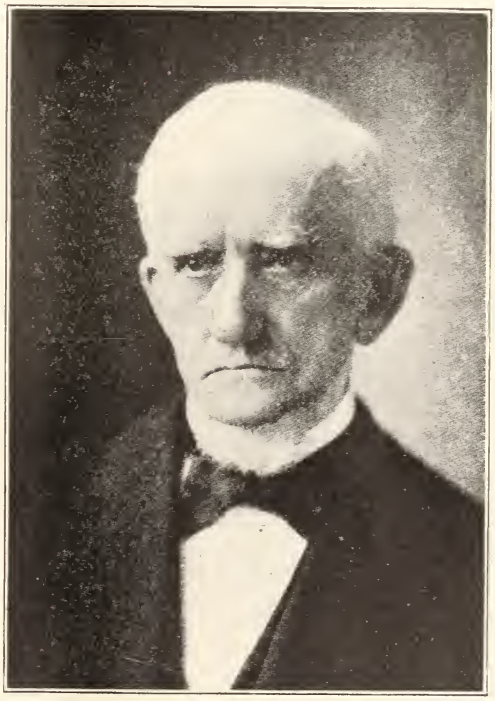
N. S. DAVIS, M. D., LL. D.

Dr. Nathan Smith Davis has completed his life's work and the profession loses it's best known member, whose reputation and acquaintance were world-wide. He was born in Chenango county, New York, January 9, 1817, graduated from the College of Physicians and Surgeons, Fairfield, New York, 1837, and began practice at Vienna, New York. He practiced at Binghampton and New York City until 1847, when he removed to Chicago and became professor of physiology and pathology in Rush Medical college. At that time Chicago was only a large village and Dr. Davis' reputation and practice grew with the city. The doctor had a rich fund of reminiscences of the early days of Chicago.

When in 1859 the Chicago Medical College, now the Northwestern University Medical School, was founded, Dr. Davis took the chair of practice of medicine which he held until a few years ago. As a didactic teacher he was enthusiastic and thorough and as a clinical teacher he was clear and practical. Thousands of physicians, in all parts of the land, highly prize the instruction received from Dr. N. S. Davis. His high moral character left its impression on his students, never to be effaced. He has been called the "Father of the American Medical Association," as it was started at his suggestion and he was always it's most ardent supporter. In 1855 he became



N. S. DAVIS, M. D. LL. D.

editor of the Chicago Medical Journal, which he edited until 1873, when it was merged with the Examiner and he edited the combined journal. The Chicago Medical Examiner and Journal was a success under his editorial management for many years, but it languished after he severed his connection with it and it suspended publication in 1889. In 1883 Dr. Davis was chosen editor of the Journal of the

American Association, which position he filled most successfully. Dr. Davis' contributions to current medical literature were voluminous. His textbook on the principles and practice of medicine had a wide sale and for years was a favorite guide in practice, the work being especially good in diagnosis. As a diagnostician he always excelled, seeing everything and correctly interpreting what he saw.

Dr. Davis was president of the International Medical Congress of 1887, was dean of the faculty of the Chicago Medical College and for forty years was on the staff of Mercy hospital. He died at his home in Chicago, June 16, 1904, and was active up to the time of his death at the age of 87 years. A good man, a noble teacher and a great physician has gone.

A SOURCE OF DANGER.

A popular method of clearing a place of rats and mice is the use of the prepared rat poisons. There is danger in the indiscriminate scattering of such poisons and especially of those prepared in the form of a biscuit or cracker. This has been recently demonstrated in this city. An elderly woman found one of these rat crackers in her kitchen, which had been left there by her son, who was using them to poison rats at the barn. She supposed it to be a sample of some new food product, as samples of some food products had just been left at the house. She ate the cracker and soon after became violently ill and her physician for several days regarded her recovery as doubtful. In another case two small boys found some of these crackers in a barn and ate of them. The prompt work of a physician prevented serious trouble. These cases of poisoning show that there should be some regulation restricting the sale and use of these poisons.

EDITORIAL NOTES.

Long faces often make short lives.

According to some of the gossips the good doctors all died young.

Spending our time advertising the deficiencies of the doctor across the road does not help us to improve our own.

The doctor should always work for the good of humanity but he should look out that he salts down some dollars as he goes along to take care of him in his old age.

Dr. Chas. C. Miller will continue his articles on Practical Surgery for a year or more. Each article will be illustrated and the complete series will form a valuable treatise on surgery.

The photographers of Illinois will petition the next legislature for a law requiring photographers to have a license and providing for a state board of examiners. This is a wise prophylactic measure. A poor photograph has made many a maid sick.

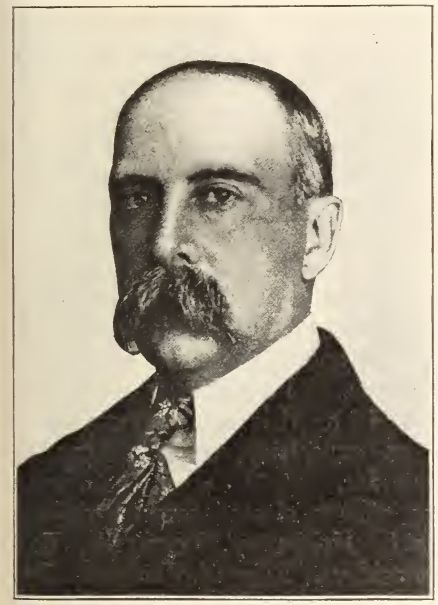
Dr. J. A. Pratt will furnish the Recorder an article each month, during his visit to Europe. He will visit the leading hospitals of Europe and his reports will be very interesting. Dr. Pratt in his article this month offers a number of practical suggestions.

"Silence is Golden," but gold is not all in the world. Sometimes a word of sympathy, an expression of appreciation, an acknowledgment of worth, is valued more than all the gold. We should not save all the good words and say them after death; just scatter a few of these words among the living where they will do the most good. Many a soul has been withered by a drought of cold silence.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

L. S. McMurty, M. D.—The president-elect of the American Medical Association, was born at Harrodsburg, Ky., September 14, 1850. He was educated at Center College, Danville, Ky., and graduated in medicine at Tulane University, New Orleans, 1873. For many years he has been a leading surgeon at Louisville. He became professor of gynecology and abdominal surgery in the Hospital College of Medicines, at Louisville, in 1890 and soon after was elected president. He has a private hospital, considered one of the finest in the country.



L. S. McMURTY, M. D.

State Medical Society of Wisconsin.—The annual meeting of this society was held at Milwaukee, June 22-24, with a good attendance. Many excellent papers were read to which our space does not permit us to refer. A notable paper was read by Dr. W. A. Gordon, of Oshkosh, on "The Establishment of An Epileptic Colony in Wisconsin." He advocated a state sanitarium for epileptics such as New York, New Jersey, Ohio, Texas, Kansas, Pennsylvania, Massachusetts, England, Germany, Switzerland and Belgium have. The society passed a resolution that the committee on legislation and public policy prepare and present to the next legislature a petition for the establishment of such a sanitarium. The committee on tuberculosis appointed last year made a report, adopted by the society, urging the establishment of sanitariums in various parts of the state for the treatment of tuberculosis.

The officers elected are: President, C. W. Oviatt, Oshkosh; first vice-president, J. L. Bradfield, La Crosse; second vice-president, G. E. Seaman, Milwaukee; third vice-president, A. D. Rosenberry, Wausau; secretary, Chas. S. Sheldon, Madison; treasurer, S. S. Hall, Ripon. The society will meet next year at La Crosse.

Eye Strain and Headache.—Those who have had the largest clinical experience and have given the matter the most careful attention know that eye strain is a most frequent cause of headache. It is surprising, in some cases, to note the great relief promptly given by propely fitted glasses. Merck's Archives publishes the following edi-

torial on the subject, which is to the point:

Eye-strain seems to be assuming a more and more important role as a factor in the causation of various functional troubles. The one who did most to bring this subject prominently to the attention of the medical profession is Dr. George M. Gould, of Philadelphia. Across the water eye-strain is also becoming a frequent topic of discussion. The well-known ophthalmologist, Professor Simon Snell, in a paper entitled "Eye-Strain as a Cause of Headache, and Other Neuroses" (Lancet, April 30), reaches these conclusionse: (1) That eye-strain is the cause of a large proportion of headaches, often of a very aggravated character. (2) That various other neuroses are met with in association with headache, and among these may be mentioned the following: mental depression, nausea, indigestion, vomiting, insomnia, giddiness, choreiform movements of the eyelids and face, etc. (3) That relief is afforded to these conditions by correcting the error of refraction, which can be ascertained only by careful examination. (4) That for such examination a mydriatic is absolutely essential. (5) That frequently no complaint is made of defect of vision. (6) That the ametropia is frequently of a low degree, 61.2 per cent. of the author's cases needing 0.75 D. cyl. and weaker. (7) That a cylinder of 0.25 D. is of great value. (8) That anisometropia is frequently present and requires proper adjustment. (9) That in a certain number of cases the muscle balance is faulty and necessitates the prescribing of prisms.

American Medical Association.—The fifty-fifth annual meeting of the American Medical Association, June 7-10, at Atlantic City, had the largest attendance of any meeting yet held. The proximity to New York and Philadelphia, and the excellent hotel facilities, doubtless had much to do with the large attendance.

Dr. John H. Musser, of Philadelphia, delivered the president's address on "Some Aspects of Medical Education." The oration on medicine was by Dr. Geo. Dock, of Ann Arbor; oration on surgery by Dr. W. J. Mayo, of Rochester, Minn.; oration on state medicine by Dr. Herman M. Biggs, of New York.

The scientific work of the meeting was of a high order. The business and politics of the society were done by the new house of delegates. It is said that the house of delegates is the place for the medical politicians, for there they can indulge in their favorite pastime to their heart's content.

Next year the meeting will be held at Portland, Oregon, where undoubtedly the attendance will be large, as the natural attractions of Oregon are many and low railroad rates and long time are promised. Another attraction will be Portland's World's Fair, which will be in full operation when the association meets. Portland is expending $5,000,000 on this fair and expects to have an exposition worth taking the journey for.

The officers elected are: President, Lewis S. McMurtry, Louisville, Ky.; vice-president, Edward Jackson, Denver, Colo.; James Hall Bell, San Antonio, Texas; F. C. Shattuck, Boston, Mass.; B. C. Pennnigton, Atlantic City, N. J.; secretary, George H. Simmons, Chicago; treasurer, Frank Billings, Chicago; trustees, T. J. Happel, Trenton, Tenn.; W. W. Grant, Denver, Colo.; Philip Marvel, Atlantic City, N. J.; place of meeting, Portland, Ore.; orators,—address in medicine, Charles G. Stockton, Buffalo, N. Y.; address in surgery, John Collins Warren, Boston, Mass.; address in state medicine, George Blumer, San Francisco, Cal.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

OBSTETRICS. Edited by Joseph B. De Lee, M. D., Professor of Obstetrics, North Western University School of Medicine.—The Practical Medicine Series of Year Books. Under the General Editorial Charge of Gustavus P. Head, M. D. Pages 211. Cloth. Price, $1.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This is the April number of the Year Book Series for 1904, a worthy sequel to the volume on Gynecology, published in March. The editor himself says that really great advances in obstetrical knowledge have not been made during the past year. His task was merely the collating of the various contributions to the subject in periodical medical literature and then arranging them so as to bring out clearly the different views on the different questions. This has been done skillfully and for the most part impartially. The modern extension of Cesarian section to placenta previa and eclampsia are handled by the editor with laudable conservatism, likewise hysterectomy for puerperal sepsis. The book is well gotten up in uniform style of the series, its few illustrations are clear. The whole series, at the moderate price of $3.50 per year, is gaining many friends.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. By Leading Members of the Medical Profession throughout the World, Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., Baltimore; John H. Musser, M. D., Philadelphia; Jas. Stewart, M. D., Montreal; J. B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; Thos. M. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Edmund Landolt, M. D., Paris; Richard Kietz, M. D., Vienna. Volume II, Fourteenth Series, 1904, Pages 314. Illustrated. Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

A new and original feature of this volume of International Clinics is a symposium on "Diseases of Warm Climates." Dr. Chas. F. Mason, of the United States army, contributes an exhaustive article, "The Spread of Diseases by Insects," with suggestions regarding prophylaxis. He describes the various insects and tells how to prevent them spreading disease. The life history of mosquitoes is a very interesting feature of the article. The article is profusely illustrated. In conclusion, Dr. Mason says:

"In this day and generation, when the attention of the world is fixed upon the tropical and sub-tropical countries which alone remain undeveloped and open to civilization and acquisition by the energetic and civilizing nations of the north, who can conceive the vast importance that these discoveries and the results to follow the practical application of the preventive measures, which are a logical result of them, may have in the saving of life, the removal of bars to commerce, and the promotion of the comfort, welfare, and happiness of the future inhabitants of these countries?

"The fearful death-rate in the construction of the Panama Canal under the French regime, which gave the isthmus its name of the 'living death,'

must and will disappear under the methods born of our new knowledge; malarial fever and yellow fever, the great death-dealing diseases, will disappear and Panama will, after a time, become as healthy as the United States."

Other articles in this section are: "Recent Progress in Tropical Medicine," by John McCrae, B. A., M. B.; "Sleeping Sickness," by C. Jarvis, M. D.; "The Etiology of Bilious Hemoglobinuric Fever," by S. Kanellis, M. D.; "Malarial Hemoglobinuria," by Wm. Krauss, M. D.; "Uncinariasis," by Allen J. Smith, M. D.; "Liver Abscess and Its Treatment," by James Cantlie, M. A., M. D.; "The Diagnosis and Treatment of Abscess of the Liver," by James E. Thompson, M. B., F. R. C. S.; "On the Treatment and Mode of Life to be Pursued on Return to a Cold Climate by Those Suffering from the Commoner Affections Incidental to a Sojourn in Tropical Countries," by Andrew Duncan, M. D.

In the section of the book on Treatment, is a symposium of articles on diseases of the circulatory organs, by Doctors John B. Nichols, W. L. Bierring, J. M. French, E. H. Long.

In the section on Medicine is an excellent clinical lecture on a number of diseases by Dr. Frank Billings, delivered at the Presbyterian Hospital, Chicago. Dr. W. B. Katzenbach, of the New York Polyclinic, furnishes a clinical lecture on "Neurotic Asthma." Dr. George C. Malsbary, of the Medical College of Ohio, contributes a clinical lecture on "Osteomalacia," illustrated with plates.

The section on surgery contains good articles, but our space does not permit us to refer to all of them. Dr. J. T. Rush, of Jefferson Medical College, Philadelphia, has a splendid clinical lecture on "Ankylosed Joints and Their Non-Operative Treatment." This lecture is very practical and is illustrated with 22 plates. Another practical lecture is on "Abdominopelvic Diagnosis," by E. S. Bishop, M. D., of Manchester, England.

While we have referred to only some of the features of the volume, it is enough to indicate that the doctor who cannot get a big two dollars' worth from the book must be very hard to please. The work is illustrated with numerous colored and half-tone plates and figures.

BOOK NOTES.

E. B. Treat & Co., of New York, have just issued the fifth volume on Diseases of Metabolism and Nutrition, by Prof. von Noorden. The book will be noticed at more length in the next Recorder.

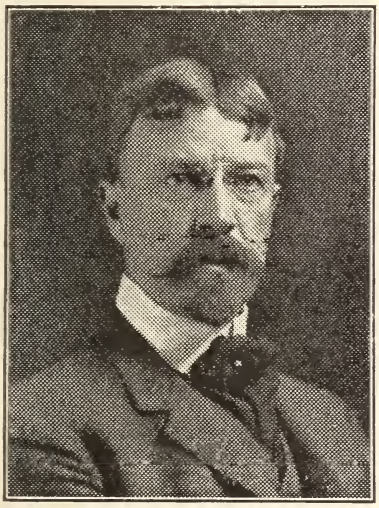
Battle & Co., of St. Louis, have just issued the second of the series of twelve plates on the intestinal parasites. This one shows the taenia saginata, with description and treatment. These plates are sent free to physicians.

P. Blakiston's Son & Co., of Philadelphia, had an exhibit of books at the recent meeting of the American Medical Association at Atlantic City, especially worthy of mention. In commenting on this exhibit, the Journal of the American Medical Association says:

"An attractive and very instructive exhibit of standard medical, dental, pharmaceutical, chemical and allied scientific books is made by this well-known firm of publishers and book-sellers. In the binding of some of the more recent cloth books issued by this house, viz.: Montgomery's Gynecology, Edgar's Obstetrics, Tyson's Practice, etc., an interesting departure has been made from the cut-and-dried styles in vogue for many years. The result is a volume of greatly increased attractiveness and distinguishableness . Another feature, too, is noted in the exhibit of

this progressive house, and that is the increase in half-morocco and the decrease in full-sheep bound books. The preference claim for the morocco binding is that it is more serviceable in every way, and permits of a more richly and better and more durable bound book."

Lincoln Steffins is writing an important series of articles on graft, for McClure's Magazine, under the title "Enemies of the Republic." In spite of the dark pictures he draws of political and social conditions, Mr. Steffens declare he is not a pessimist. "I see the worst all the time," he says, "so I must believe in something better. The fact that I write and McClure's publishes such articles is proof of optimism. It shows that we believe that



LINCOLN STEFEINS, M. D.

something can be done. The real pessimist is the fellow who says 'what's the use?'. In studying the misgovernment of City and State I see that even the grafters have virtues that can be appealed to. I see also here and there the people who are trying to do something to improve conditions. Even though they may not be succeeding, the little leaven of virtue is working and that inspires hope. Some day I shall paint the bright side of the picture, for there is a bright side."

There has just been issued a sumptuous volume of huge proportions, exquisite binding and superb presswork, picturing the most beautiful women of fashion in America. The idea is unique, the value of the book from every point of view indisputable. The volume is published by Harper & Brothers, under the imprint of R. H. Russel, and the price is $500 per copy. Sixteen of the best of these portraits are reproduced in the July number of The Metropolitan Magazine. A story of tender sentiment and much dramatic interest is "The Heart of a Geisha" with color illustrations by Robert Blum. Most of the drawings were done in Japan during the artist's sojourn in that now extremely interesting country. A strong piece of fiction is "The Traitor of Metz," a French military story. This story is also illustrated in color from drawings by E. M. Ashe. A timely article on country houses and gardens from the pen of Thomas Hastings, the well-known New York architect, will appeal to all lovers of suburban life. Mr. Hastings' paper is exquisitely illustrated by Jules Guerin and Walworth Stilson.

There are real things in the July McClure's. They fairly crowd each other from cover to cover, and leave a lasting impression of vigorous life and interest. In the opening article ex-President Cleveland tells the inside story of "The Government in the Chicago Strike of 1894." Here for the first time in print are the facts concerning this great industrial crisis and the manner in which it was met by the Federal courts and authorities. It is a graphic story as well as most illuminating of the powers and duties of the government. Mr. Cleveland's insistence that the protection of interstate commerce and the United States mails was the

natural function of the Federal government, a position later sustained by the Supreme Court, marked a new way for the guidance of the nation. How this important end was reached he tells clearly, even dramatically. Ray Stannard Baker, in his study of the labor problem, finds that today "Organized Capital Challenges Organized Labor." He describes the new Employers' Association movements, its methods and meaning. John La Farge considers four famous and beautiful portraits of "Children" in his "One Hundred Masterpieces of Painting" series. In fiction there is a great variety and richnes.

The July number of Lippincott's Magazine is fertile in fiction for summer days. The opening pages are covered by "The Love Affairs of a Princess," by Lafayette McLaws. This is diverting both by reason of the lively plot and brilliant treatment. Following the novelette there are nine stories of varying lengths and subjects: Elizabeth Wuer contributes a most engaging one called "The Court of Pan," so named because of lovers meeting beside a fountain dedicated to the good Pan. Edward Boltwood's story, "TheLazzaparoola," is the very cleverest and most amusing cowboy episode which has appeared in print. A good summer story by Cyrus Townsend Brady, entitled "The Baby Goes A-Fishing." Bertha H. Lippincott writes an entertaining tale. Something new about the finding of "Moses," is told by Ella Middleton Tybout under the title of "Moses, Jr." A sweet background for livelier themes is a story by Mabel Nelson Thurston, called "The Emancipation of Lydia Duroe." "A Thread of Scarlet," by Jennette Lee, sounds the single note of tragedy in the whole number. "A Delayed Heritage," is a good story by Eleanor A. Porter. A new sort of ghost-story is that by Bertha M. Bower, entitled "The Ghost in the Red Shirt." George Moore's "Moods and Memories," Parts III, IV, and V., are no less charming than last month's. The pathetic incident of a little Irish waitress at a Paris cafe reads like fiction.

A most sensational feature is Thomas W. Lawson's "Frenzied Finance, the Story of Amalgamated Copper," which begins in the July issue of Everybody's Magazine. Mr. Lawson was one of the organizers of that gigantic corporation, and he knows exactly what happened to the millions that were lost through its manipulation. His first article is an announcement of distinctly dramatic interest and promises revelations of the highest importance to everyone in the country. He frankly states that his purpose in telling the story is to set himself right with the thousands of investors who, through his instrumentality, put their money into Amalgamated and have been plundered: also, because his conviction is that the best way to educate the public to realize the evils of which such affairs as Amalgamated are the result, is to expose the brutal facts regarding the conception, birth, and breeding of what he says is the worst offspring of the modern system of finance. This magazine has another feature of signal interest in the new Hall Caine serial, "The Prodigal Son," which also begins in the July issue. Other contributions to this issue are in keeping with these. There is a wonderfully clever summing up of the character of Judge Parker by E. M. Kingsbury; and E. G. Riggs, of the New York Sun, the dean of all political editors, writes of supreme moments at the National Conventions he has attended in the course of his twenty-five years of journalistic activity. There are also seven exceedingly good short stories, making altogether the best number of Everybody's that has yet been put forth.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

ENTEROCLYSIS.

By Sol. Newmayer, M. D., Philadelphia, Pa.

Among the varied causes of convulsions none play a more frequent and important part than auto-intoxication. They are more frequent in children, due generally to a possible over-feeding, improper food or constipation. The intestinal canal contains a variety of toxins, derived from the ingesta, bile, and putrid material. There is a continuous absorption from the intestines, including the taking up of toxins.

In the acute infections, where convulsions are oftimes a forerunner, auto-intoxication from the intestinal tract undoubtedly is of no minor importance. Infections are the result of microbes, and we know these bacteria produce something injurious to the system,—they elaborate poisonous ptomaines or toxic substances. Nature tries to rid the body of this poison, through its various channels of elimination, one of which is the intestinal canal.

It is here we can aid nature with our antiseptics. The value of internal intestinal antiseptics I believe is greatly over-rated. Many of these drugs are soluble and absorbable and those that are not are so often given in such small doses that in the long journey from the mouth through the intestinal tract, they have spent most of their value before they have proceeded far.

Not to employ internal antiseptics would be unwise. But I would urge a more liberal use of antiseptic solutions by means of the rectal tube. This enteroclysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but ofttimes an antipyretic action. This mode of treatment has not been very popular with the physician because of the unclean work, but I am confident the results well repay one for the labor.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to auto-intoxication, I flush the lower bowel with a solution of glyco-thymoline one to two ounces to the quart of water.

Glyco-thymoline is always kept in my emergency grip.

A UNIQUE ACCIDENT.

By Alex. Rixa, M. D., New York City.

H. C., about 40 years of age, weighing about 200 pounds, came home late in the night in a "festive condition." Inserting his key in the door lock, his foot slipped and he fell with his face, respectively his mouth, on the edge of the key, severing the tissues below the lower gum and the sublingual gland.

When I arrived at the house he was vomiting profusely. However, when the vomiting ceased for a while, I noticed blood oozing from behind the lower lip, intermixed with a yellowish, somewhat frothy liquid pouring out in gushes. I endeavored to stop the flow, but did not succeed owing to the repeated vomiting spells.

At last I succeeded to inject hypodermically a half a grain of morphine, in consequence of which a cessation of vomiting followed shortly.

After a careful examination of the injured parts, I concluded it could be but the sublingual gland which emits

the secretions, and was not a little surprised at the enormous quantity, as, to my knowledge, this gland is very small and weighs only one dram. I intended to put some stitches in the tear, but patient protested against it in his semi-intoxicated condition. I had to resort therefore to the application of strips of adhesive plaster to the surface of the lower lip, thus compressing the severed parts.

As a matter of fact, this procedure stopped the evacuation and I left patient in quite a comfortable condition.

The beneficial action of the morphine, however, was of short duration, as I was summoned again about two hours after, with the frightened remark that patient was suffocating.

When I arrived, I found patient hanging down his head from the bed, gasping for breath, as some food-masses could not pass through the mouth owing to the compressed chin. I tore off the bandage, and with the contents of the stomach the little gland commenced to flow with renewed vigor. By this time, the man having sobered somewhat, after some arguments he permitted me to put in the necessary sutures.

Notwithstanding the internal administration of some stomachia the irritation continued, vomiting would not cease. I was compelled to inject hypodermically another dose of morphine, which after some minutes stopped that wretched retching.

The next day, however, as the effect of the morphine passed away, vomiting recurred.

Considering the fact that a simple alcoholic irritation of the stomach would yield to the prescribed treatment, I concluded that it could be but the swallowed secretions of the sublingual gland which caused this persistent irritation.

First, I considered a washing of the stomach, but, as previously, I met with the opposition of patient.

As a matter of course, there was only an internal medication left for consideration. I decided therefore, on a simple innocuous antiseptic—glycozone—with which I had quite a satisfactory experience in several cases of ptomaine poisoning. I prescribed it in repeated tablespoonful doses with rapid and gratifying results.

Notwithstanding the liberal use of antiseptic washes and sprays, the wound in the mouth was healing but very slowly.

CHOREA AND ANEMIA.

By Roshier W. Miller, M. D., Ph. G., Barton Heights, Va.

Lecturer on Nervous and Mental Diseases, and Professor of Theory and Practice of Pharmacy, University College of Medicine, Richmond, Virginia.

In the etiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of opinion, however, that anemia as a causative factor is worthy of investigation.

Anemia of toxic origin presents pathological conditions which favor the production of choreaic affections. It is true that simple anemia is, as a rule, of secondary origin, and, viewed in this light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise remotely from the primary condition, but recently from the secondary effects.

I submit three cases in which symptoms, treatment, and recovery seem

to intimate at least a possible relation between anemia and chorea.

Case I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later she became irritable and pale, with pain in her arms and legs, which condition was soon followed by gastric disorders and irregular spasms of the muscles of the face. Simple anemia was in evidence from objective symptoms alone, but was unquestioned in the light of the results obtained from blood examination—the red blood element being present to the extent of barely 3,000,000 red corpuscles per c. m.

This case was treated with two teaspoonfuls of pepto-mangan (Gude) and two drops of Fowler's solution, three times a day . After gastric symptoms had abated somewhat, two raw eggs per day were added to the diet. The patient was discharged in five weeks, completely recovered.

Case II.—A female child of ten years of age; gave history of malaria (a well-defined case of intermittent fever) one year previously. The pallid condition of the child induced the mother to solicit my aid. Upon examination, I found slight choreaic movements which had escaped the mother's eye, though she did admit that the child "could not sit still very long at a time," and "was constantly working her fingers." The blood examination revealed no plasmodium. The red cells were reduced to 2,800,000 per c. m., with a proportionate decrease of hemoglobin.

Pepto-mangan (Gude) alone was employed in doses of two drams in a glass of milk three times a day. The blood examination four weeks later showed red cells present to the amount of 3,900,000 per c. m., at which time I dismissed the case completely recovered.

Case III.—A female child of thirteen years. Two months before my visit, the mother informed me, the child became peevish and pale, and was reproved at school for her inability to write neatly. She was taken from school, but she grew rapidly worse. Morning nausea, vomiting, headache, and anorexia were her daily companions. I found her with pronounced histrionical spasm, with involvements of the upper and lower extremities. Hemic murmurs were plainly apparent, but no endorcardial irritation could be determined. The blood count showed reduction in red cells to 2,100,000 per c. m. The hemoglobin was reduced to a degree greater than the red cells. A curious feature of the case was the morning nausea. Immediately upon awakening, she experienced nausea, which was followed by vomiting. I discovered, however, that this condition was superinduced by odors from the kitchen, and directed that a small sponge, moistened with creosote water, be placed over the nose and mouth before the preparation for breakfast began. The annoying symptom was promptly checked by this simple method. The anemia in this case may have been produced by malnutrition, but even this view is mere speculation.

The irritability of the stomach in this case was so pronounced that I did not deem it wise to give nourishment—not to speak of medicine—by the stomach. During the first four days rectal alimentation was employed. A nutritive enema, consisting of four ounces of peptonized milk and two drams of pepto-mangan (Gude), was given every six hours. Small amounts of peptonoids with creosote on ice were given by the stomach. Egg albumin was taken in all the water she drank. After four days, the stomach was tested with small amounts of milk and pepto-mangan (Gude). Beginning with four ounces

of milk and one dram of pepto-mangan (Gude) every four hours, the amounts of each were rapidly increased, until after three days the patient was taking eight ounces of milk every two hours and four drams of pepto-mangan (Gude) three times a day. This diet, plus three raw eggs a day, together with the above treatment, was all that was employed for six weeks. The blood examination at this time showed a highly gratifying condition—the red cells being present to the extent of 4,100,000 per c. m. The bloom of youth once more tinted the cheek, and the shrine of St. Vitas lost a visitor.

ENTEROCOLITIS AND CHOLERA INFANTUM.

Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces, by the use of antiphlogistine as hot as can be borne to the entire abdominal walls and covered with absorbent cotton and a compress. If the patient is not too far gone, the effect will be astonishing. The little sufferer, who until now has been tossing in agony and restlessness, with drawn features, will in most cases quickly become quiet; the drawn look will leave the face and a restful slumber will often supervene and start him upon the road to recovery.

The explanation of this, in part, is not far to seek. The heat and moisture combined with antiphlogistine's well known hygroscopic properties, directly soothe the inflamed parts, reflexly contracting the visceral blood-vessels and relieving their engorgement. The tension of the muscular and nervous systems is further relieved by the action of antiphlogistine through the solar plexus thus adding to and emphasizing its local effects upon the inflamed intestines.

FAULTY ELIMINATIONS.

Faulty elimination is a prolific source of trouble and the cause of many distressing symptoms pointing to no definite lesion, but complicating and obscuring the actual symptoms of a real disease. Such a condition is puzzling to the doctor and discouraging to the patient, often causing dissatisfaction with the treatment and lack of confidence in the physician, yet the whole train of symptoms may be only the result of a lowering in the tone of the secretory organs and the retention of poisonous material in the system. In all conditions which follow as a result of the blocking of the eliminative organs, such as colds, bronchial catarrh, la grippe, pneumonia and autotoxia, one of the first indications is to bring the eliminating organs up to the normal and put them in condition to perform their natural duty. A large proportion of the cases which doctors are called upon to treat during the winter and in the spring are furnished by neglected colds and after-effects of la grippe. These uncured affections keep the system open to new attacks, the patient develops a bronchitis, or pneumonia, the kidneys are affected and sometimes left permanently weakened. A cold is by no means a simple affair which, left to itself, will always speedily get well. The acute stage will probably spend itself, and the patient may think he is free from further trouble, but such attacks render him

more liable to further infection, and pneumonia, chronic bronchitis, and chronic kidney disease are some of the sequelæ of frequent colds. Therefore, these apparently harmless colds are to be taken seriously and cured absolutely as soon as possible. To cut short these attacks and restore the tissues to normal powers of resistance the Dad Chemical Co., of New York, commend respiton. It contains asclepias tuberosa and berberis. A teaspoonful in a glass of hot water every two hours will effect a complete cure in a few days.—Interstate Medical Journal, April, 1904.

A NEW HIGH FREQUENCY COIL.

At the recent meeting of the Massachusetts Medical Society, a very unique coil was exhibited which attracted a great deal of attention.

The coil itself is mounted on a highly finished cabinet, with all the working parts out of sight, and with simply the switches and terminals on the outside. The interrupter is novel, absolutely noiseless, and positive in operation, requiring no adjustment or attention even in a run of many hours. The frequency of the coil is extremely high, and the quantity of the current large.

In applying the current, a crown breeze of large volume, very similar to that from a very large static machine, may be given the patient, or the various metal or glass electrodes may be used. There is not the slightest danger of accidentally sparking the patient. By means of the sponge electrodes, a sort of faradic effort may be produced. Also, a sensation of heat, or the combination of the two. An incandescent lamp may be lighted to full brilliancy when brought in circuit with the patient.

For X-ray work, the machine is very satisfactory and extremely easy on tubes, much resembling static machines. By a very simple contrivance, the bones may be shown dark or light at will, without change in tube or vacum.

A bulletin describing this apparatus is now in preparation, and Swett & Lewis Co., 18 Boylston St., Boston, Mass., will be glad to send it, on request, to anyone interested.

GOOD AND SEASONABLE.

A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhoea, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy so well and favorably known by its self explanatory title, namely: "Laxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.

We cannot overlook our old friend the antikamnia and codeine tablet. The efficacy of this tablet in neuroses of the larynx is well known, but do all of our

doctor friends know that it is especially useful in dysmenorrhoea, utero-ovarian pain and pain in general caused by suppressed or irregular menses? This tablet controls the pain of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is ideal, for not only are their sedative and analgetic properties unsurpassed, but they are followed by no unpleasant after-effects.

PHENADUL.

Phenadul is one of the newer synthetical products which is winning a permanent place in the materia medica. It is a synthetical powder from the phenyl series. It is an aromatic powder insoluble in water, readily soluble in ether and chloroform and miscible with glycerine or any oleaginous base. It is an ideal non-toxic, antiseptic, analgesic, hemostatic, sedative and deodorant powder adapted to a wide range of pathological conditions.

It is applicable in all cases in which an antiseptic powder is required and causes rapid granulations, it is applied by dry insufflation to the cleansed wounds, on a gauze, tampon or as an ointment. It is adapted to surgical, gynecological of obstetrical cases, diseases of the nose, ear, throat and skin.

In vaginal and cervical erosions, endocervicitis, vaginal catarrh, endometritis, carcinoma and in all wounds requiring dry dressing, it is applied by dry insufflation.

In pruritus vulvæ or ani, erysipelas, acne, herpes, roseola, burns and scalds, all skin diseases, and in all cases requiring moist dressings, it is applied in the form of an ointment containing one or two drachms of the powder to the ounce of lanolin, etc.

In suppurative otitis it gives good results, being used by dry insufflation. In surgical work it is a valuable powder. In panophthalmitis where enucleation becomes necessary it is a valuable agent to prevent the extension of suppurative process. The orbit is packed with it and gives a clean result. After any enucleation the orbit can be packed with it and there will be no suppuration.

CALICOLO.

It is remarkable how quickly calicolo will stop the cough in consumptives, and what a general change for the better it produces in these most troublesome cases. It evidently contains creosote of the very best quality, but it is not this alone that gives the great benefit, as creosote has been employed in these cases for years without such immediate results. We must give this production a preference as it is produced and handled by people in San Diego, Cal., where the opportunity is given of learning a great deal about the treatment of such cases. The Positive Treatment Company have a most valuable remedy in their calicolo, and the literature on same is apparently perfect. I would advise every physician to give it a trial.—Medical Summary, April.

Dr. C. A. Hayes, the attending surgeon, St. Joseph Hospital, Chippewa Falls, Wis., writing of the ambulatory pneumatic splint says: "That it is all that is claimed for it and for fractures of the thigh and hip he believes it is the best devised. For all fractures in which the patient does not do well in bed, this splint is excellent, as they can move about with comfort and with no bad results. I have used it thus far on four cases, two fractured thighs and two compound comminuted fractures of the leg and in all the results were better and the patients did better than by any methods previously employed."

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Try rheumatol in that obstinate case of chronic rheumatism. It is made by The Rheumatol Co., 272 W. 11th St., New York.

For a good reconstructive Fellow's hypophosphites has long been a standard remedy. It's value is proven by long clinical use.

Calicolo has cured many cases of consumption. The Butler Positive Treatment Co., San Diego, Cal., will gladly tell you about it.

This is a good time to cure up chronic bronchial cases with fitchmul. It is made by The Fitchmul Co., Concord, N. H. Sample free.

Geranin compound suppositories are a fine thing in treating rectal diseases. They are made by Emil Reyer, Ph. G., South Bend, Ind.

The New Animal Therapy Co., Stewart Building, Chicago, will gladly send you interesting literature on late therapeutic advances.

Brainfag, from worry, overwork, or excesses of various kinds, is quickly relieved by the use of celerina in teaspoonful doses three times a day.

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H. M. Merrell Co., 1012 Elin St., Cincinnati, Ohio, make a large line of reliable pharmaceuticals. If you look over their price list you will see how to save money.

Triacol is giving splendid results in throat, bronchial and lung affections. It is one of the newer remedies having decided merit. Write the Alpers Chemical Co., 4 White St., New York, for a sample.

The Johnston Optical Co., of Detroit, Mich., is an old and very reliable firm. They manufacture a full line of optical goods and you can always depend upon what they tell you regarding the goods.

Pill cascara compound, Robins, is efficient in treating constipation. All cascara pills are not good but these are. You prove it by getting samples of A. H. Robins, Richmond, Va.

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LEADING ORIGINAL ARTICLES.

A FEW NOTES ON GRAVE CRUSHES OF THE LIMBS, GUN-SHOT WOUNDS, AMPUTATION AND RESECTION.

By Thomas H. Manley, M. D., Ph. D.
NEW YORK.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

The subject of serious fractures and their treatmeint is "evergreen", as they constitute a large proportion of grave injuries of the body, and moreover, because in no department of surgery have larger and more beneficent advances been made, through which many limbs are spared and the patient's life spared the dangers of violent infection.

The following few brief desultory notes on this theme, it is hoped, will be acceptable at least as suggestive.

GRAVE FRACTURE CASES.

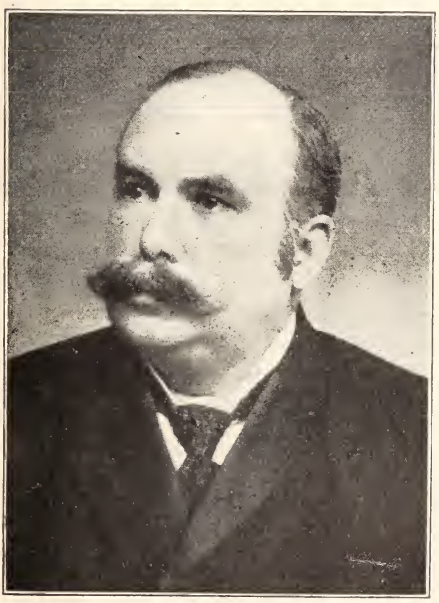
One should be careful that the patient suffers no great pain, no matter what limb or part of limb is fractured—Traite Comp. de Chirung. Pare. par M. G. de la Motte. 3me. Ed. Vol. 2, p. 18.

"It is the sagacity of the surgeon to decide the necessity of an amputation." —Boyer. Malades des Os. p. 54.

What are the ends and precepts in these cases? There are absolutely none, unless the limb has been totally destroyed.

RESECTION IN TRAUMA.

Stromeyer invented a cushion support for grave shattering of the humerus, whereby the limb may be supported without bandages, and well observes "the fatal tendency to gangrene when



THOS. H. MANLEY, M. D.

firm bandage is employed in fracture of this shaft."

Channel and Nimier.—Trait. de Chirurgie d'Armie. p. 152.—strongly advises that in case of shattering, we should not attempt to remove the splinters of bone, as this often necessitates further division of the tissues and removal of the periosteum; at least not to set free, pieces which in a measure are adherent.

He says, that "in a foreign expedition they gave up the removal of osseous splinters, as with the employment of antiseptics, they obtained complete union of detached fragments."

M. Ollier, the father of modern osteoplastic surgery maintained that the bones of the fingers, hand or foot or the spongy bones, when comminuted, may perfectly and solidly unite, but, that with the long bone-shafts, this does not so often occur, that only those splinters preserving a periosteal connection will survive.

MECHANICAL ADJUSTMENT AFTER COMPLICATED FRACTURE.

As far back as 1883, Matthias Mayer declared that "the preserving or sacrificing a limb after shattering often reduced itself to the question of an efficient mechanical adjustment: as he added, "with a proper adjustment, unless the parts are quite totally destroyed, amputation should not be thought of however extensive the osseous lesion may be."

Simple fracture does the best with the most primitive sort of, or no adjustment at all.

Mayer was correct as to the necessity of effective apparatus in cases of bad shattering, but just how this can be accomplished, i. e., steady the fragments, allow for free drainage, changing of the dressings with an unincumbered circulation, is a problem often difficult to solve. When there is extensive intumescence, inflammatory or oedematous, and the parts are hyperaesthetic, the parts, for days may tolerate no description of bandage or splint support. But, even in this class, we must not despair of saving the limb, but place it in such a position, flexed or semi-flexed, well pillowed up, as will give the most comfort.

In several such cases, by patient, perservering attention and later, taking advantage of some description of splinting, the most happy results have followed in my own hands.

It is of the greatest possible importance in this class of cases, that we heed the complaints of the patient, and so change the adjustments that his suffering may be mitigated or completely subdued without resort to morphine or other narcotics.

COMPOUND FRACTURE OF THE UPPER EXTREMITY.

A recent author well says, that, "all wounds of the upper extremity are peculiarly amenable to conservative treatment, when compared to the lower limb, because in those, immobilization and even extension can be carried out, although the patients have to be moved * * * Wounds of the shoulder form no exception to the truth of the statement; on the contrary, they are a class of joint injury, in which the method has been especially successful." Wounds of War—Stephenson p. 149.

This author declared that "in wounds of the shoulder joint, no amount of shattering bone, provided the great nerve and vessels remained intact, preclude attempt at conservatism." He judiciously adds, that if conservative treatment of these cases fails, secondary excision may be safely performed, leaving possibly a stiffened joint or shortening, but with all, a limb better than any artificial one." This author prudently advises that "one introduction of the finger into the wound should be ample to give us full

information as to diagnosis and treatment."

Langenbeck in 1865 recorded two cases of resection at the tibio-tarsal articulation for gun-shot fracture, with good result. About the same time, Malle, Pean and Follet added histories of successful resection of the larger articulations for compound fracture. Finally, Sedillot recommended resection of the malleoli in fracture in complicated luxations of the foot.

When the question lies between an amputation and a conservative resection, we must reasonably assure ourselves of two things, before we decide in choosing the latter. They are of paramount importance. First, will the patient survive the long, tedious strain of convalescence, and are his surroundings such as will meet the requirements of the case; and next, after recovery, is the spared limb a help or a hindrance to him?

WHEN TO AMPUTATE.

Sir Benj. Bell viewed compound fracture as a highly serious accident, and declared that, "from the difficult treatment and uncertain event of compound fracture, practitioners have been universally disposed to consider the amputation of the fractured limb necessary." And Earle tells us, that the surgeons of London who attended Mr. Pott for compound fracture had decided on amputating his leg, when Mr. Morse arrived and thought the limb might be saved. Mr. Pott's fractured limb, we are told, healed by "primary intention."

This was half a century before anaesthetics were discovered, and nearly a full century before antiseptics and aseptic methods had rendered conservative, osteoplastic surgery possible or effective, after severe mutilations of a limb.

Yet, with all our advances, many open fractures yet remain a highly formidable class of injuries.

All that Walker so well said on this subject, as far back as 1845, might with advantage be reiterated today.—"An Essay on Compound Fractures and Their Treatment," presented at the Annual Meeting of Mass. Medical Society, May 23, 1845.

The French Royal Academy of Surgery in 1754, decreed a medal to M. Faure, a military surgeon, for an essay, in which it was maintained that "an amputation should only be performed after the subsidence of the first symptoms and the establishment of suppuration."

His conclusions were based chiefly on his experience after the battle of Fontenoy, which took place May 11, 1745. He states that only 30 escaped out of 300—10 per cent.— after early amputation, while in 10 deferred or conservative [illegible] all escaped. (Sequels cas il faillait faire l'amputation sur le champ, et en quels cas il faillait la differ ee—Prix de l'Medanne de l'Annee 1754.)

Hunter and O'Halloran later in England supported Faure's views, while Dubor, in the armies of Washington, Baron Larry, Hennen and Guthrie opposed them.

Guthrie assumed that in compound fracture whether caused by gun-shot or by heavy bodies crushing the bones required practically similar treatment.

MODERN RESECTIONS.

In recent years resection may often be employed with advantage, as a substitute for amputation in several varieties of serious joint trauma, unhappily though, for articular-tuberculosis it has seldom succeeded, though it has been well tested during the past twenty years.

Sir Wm. McCormic, simultaneously resected the elbow and shoulder of a French soldier after a gun-shot frac-

ture, the patient recovering perfect use of the limb.

Crushes of elbow joints are especially favorable to resection and conservative measures.

Stephenson notes that, in the Russo-Turkish War, eight major resections were performed with no death. This was the first war in which antiseptics were purposely tested.

Mortality after amputations in Civil War, '61 to '65, 243 cases, mortality, thigh and lower limb, average 53 per cent. In the Crimean, 90 per cent.

THE TREATMENT OF NEVUS.

By Dr. E. N. Ritter, Williamsport, Pa.

A simple and effectual treatment of nevi and port wine marks in infants consists in frequent massaging combined with manual pressure. This lessens the permanent blood supply to the tissues and in time the nevus begins to shrink and the skin becomes normal.

My first case treated by this method occurred four years ago. About ten days after the birth of a little girl her left index finger took on a reddish color, began to enlarge and in a few months was about twice its normal size and of a deep wine color. When I examined the finger I noticed by making rather firm pressure the color would lighten on the removal of my finger but would instantly return to its original color. I advised the mother to hold tightly in her hand the baby's finger, each time she nursed the child, also to frequently massage it during the intervals. I think the treatment was commenced when the child was about four or six months of age. When two years of age both index fingers resembled each other in color. I saw the child a few weeks ago and its left finger is perfectly normal. I have had a few other cases where the same treatment was advised but results are unknown.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 250, July Recorder)

In the last article attention was called to the technic of amputations through the middle third of the leg. The operator should make every effort to save at least five inches of the leg if possible, for then the patient will be able to wear an artificial limb to the best advantage. After the amputation the patient should be kept at rest and if much blood has been lost before the operation it is well to either give an injection of warm normal salt solution beneath the skin or into the bowel. In many cases the practitioner will find it impractical to give the subcutaneous saline infusion and in such an instance the injections into the lower bowel will serve quite as well. The injection beneath the skin should be of sterile water and the apparatus should be sterile and the sites of puncture carefully cleansed, whereas with the bowel injections, warm water can be taken, a teaspoonful of salt added to the pint and with an ordinary fountain syringe and a rubber catheter the injection can be given.

The patient after the amputation should be carefully watched for any symptoms indicating the development of an infection and in case of a distinct rise in the temperature or high pulse rate the wound should be carefully examined. Suppuration should be treated by securing free drainage and by frequent cleansing irrigations. In the beginning antiseptics like bichloride may be used but the tendency of such agents to destroy granulations should be kept in mind and such agents should

FIGURE 1

FIGURE 1—Amputation through the middle third of the leg, an operation which should always be performed with a view of leaving a stump at least 5 inches long below the knee.

FIGURE 2.

FIGURE 2—A stump after operation closed without drainage.

be superseded by drugs which have no such effect Weak formaldehyde solutions may be used to an advantage, where pus forms after operation, the solutions being used as strong as can be borne with comfort. The operator in the beginning will use solutions of a strength varying from one to five to seven thousand.

The control of constitutional symptoms after the development of suppuration will usually mean the development of healthy granulations in the wound and the operator will then be particularly careful not to use agents which will injure or destroy such granulations.

OSTEOTOMY FOR VARIOUS DEFORMITIES.

After various disorders it is not unusual for a child to develop bony deformities which greatly interfere with the function of the limbs, and decidedly mar the appearance of the individual. The bones become firm and hard with surprising rapidity in many cases and the great majority of cases of knock knees or bow legs, when first seen by the physician, have reached that point where orthopedic apparatus will prove quite useless and nothing short of section of the bone will permit of a correction of the deformity. The ease with which a badly crooked limb can be corrected by osteotomy is surprising to the uninitiated and operations for correcting these deformities are pre-eminently of a type which can be performed by the general practitioner if proper precautions are taken.

The simplest plan of correcting knock-knees and bow-legs will be by linear osteotomy. The child should be prepared for general anesthesia, and the limbs should be carefully prepared aseptically. The instruments needed are to be boiled and need consist merely of a heavy osteotome (a type of chisel) and a comparatively light instrument and a mallet. Antiseptic dressings should be at hand and several bandages for a plaster cast.

The preparations being complete the operator will section the bone at the site he selects, then dress his wound antiseptically. He will then correct the position of the limb as he would any broken bone and apply the plaster cast. The operator now has a compound fracture to deal with and if suppuration does not develop the cast is merely left in place until healing occurs. Suppuration should not develop if due precautions are taken and the child should enjoy an easy convalescence.

In correcting bow-legs the site of greatest deformity should be selected for the site of the osteotomy. The bone is simply to be divided in a transverse direction and it is of no material importance from which side the section is made. If the osteotome is sharp and in the condition it should be, the instrument may be carried through the tissues and down to the bone without any preliminary incision with scalpel. The operator in carrying the instrument through the muscles overlying the bone to be sectioned should carry it through so that the cutting edge of the instrument is parallel to the fibers of the muscles. This will bring it in contact with the bone, with the cutting edge lying parallel to the bone and to make the section it must be turned at right angles. The instrument should not be rotated while in contact with the bone but should be slightly withdrawn before turning so that the periosteum will not be scraped from the bone.

In sectioning the bone, the operator will find it an advantage to have a padded block on the opposite side of the limb . Having sectioned the bone until only a small portion remains unbroken, the operator can complete the work with a small osteotome or grasp the

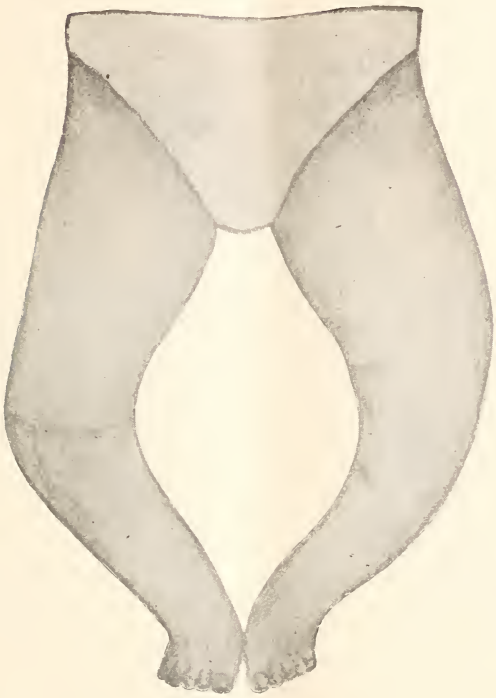


FIGURE 3.

FIGURE 3—Illustrating a case of extreme bow legs in which it is apparent that the greatest deformity is in the bones between knee and ankle. This condition can be corrected with ease by linear osteotomy.

FIGURE 4.

FIGURE 4—Shows antero-posterior bowing of the legs due to rickets, a condition which can also be corrected by linear osteotomy.

FIGURE 5.

FIGURE 5—Shows a case of knock knees, a condition corrected by linear supra-condyloid osteotomy, the site of bone section being shown in Figure 6.

FIGURE 6.

FIGURE 6—Shows site of section of bone in supra-condyloid osteotomy.

FIGURE 7.

FIGURE 7—Shows the method of introducing the osteotome in the operation of supra-condyloid osteotomy for knock knee. It is unnecessary to use a knife for making the incision through the soft parts, the sharp edge of the osteotome being easily forced through the soft parts.

FIGURE 8.

FIGURE 8—Shows the osteotome being forced through the muscles and fascia overlying the femur. A rocesing motion is given the instrument and it penetrates the tissues inflicting very little injury. A few drops of blood only escape from the short wound made by the osteotome. It will be noted in figures eight and nine, that the edge of the osteotome is parallel to the muscular fibers of the thigh. When the bone is reached by the instrument it is withdrawn about one-fourth of an inch and is then slowly rotated so that the edge lies at right angles to the direction of the femur. The osteotome is then grasped firmly, the thumb resting against the shoulder of the instrument as can be seen in figure 9. The thumb thus prevents the instrument suddenly slipping. The bone is dense and hard above the condyles, and rather hard blows are required to divide it.

FIGURE 9.

Section of the bone.

FIGURE 9—The mallet—a lead filled, metal instrument—was in such active motion that it failed to show on the plate at all, the hand and arm moving less rapidly made a distinct impression upon the plate.

limb and break it with his hands as he elects. Bleeding from the chisel cut in the soft parts should be allowed to cease, then some sterile iodoform should be dusted on the wound and a small compress bandaged in place. The remainder of the limb should be lightly greased with sterile vaseline and a plaster cast applied with the limb in its corrected position.

In bow-legs the greatest deformity will be found between the knee and ankle and the bone sections should be made at these points of greatest deformity. In the condition known as knock-knees, the section of the bones should be well above the condyles. Sections through the condyles of the femur have given way to the simpler plan of supra-condyloid osteotomy. The chisel can be entered from either the inner or outer side.

Cuneiform osteotomy was formerly considered necessary where the deformity was extreme. This consisted of the removal of a wedge of bone, but it is an operation which is more difficult and no more efficient than the simple linear section.

Should an infection develop a free drainage should be established and frequent antiseptic irrigations used to overcome such, though the operation is so simple of execution that such an accident should practically never occur.

(To be continued.)

Most physicians do not pay close attention to the the temperature. It is very important to closely watch the temperature as much so as to watch the action of the heart or respiration. In many cases especially in fevers of children it is best to often take the temperature in the mouth, under the arm, in the groin and in the rectum and keep a record of each.

J. A. Burnett, M. D.

HOW TO WRITE, FILL AND DISPENSE PRESCRIPTIONS.

Ralph St. J. Perry, M. D., Farmington, Minnesota.

A Lecture Delivered Before the Senior Class of the College of Homeopathic Medicine and Surgery, University of Minnesota.

Ladies and Gentlemen: By request I am going to stray away from our regular course of lectures and talk to you on the subject of the "allopathic," or old school prescription. It may seem out of place to lecture to homeopathic students on such a topic, but I have always maintained that it was a good idea to know what the enemy was doing, and you will find when you get out to fight for your bread and butter, that every old school physician is not only a competitor, but to a certain extent an enemy; also the druggist will fight you. One because you practice a system of medicine differing from his, the other because you put up your own drugs instead of sending your patients to the drug store for them. It may also seem presumptious for a homeopathic physician to tell how an allopathic physician writes prescriptions, but I meet this objection by stating that for twelve years prior to entering the practice of medicine, I was in the drug business and for seven years after graduating I practiced allopathic or "regular" medicine.

The word "prescription" is derived from the Latin words "pre" for, and "scribo" I write. The typical prescription contains seven parts, as follows:

1. Superscription.
2. Inscription.
3. Subscription.
4. Signature.
5. Physician's name.
6. Patient's name.
7. Date of prescription.

The superscription consists of the sign ℞ usually supposed to be an abbreviation of the Latin word "Recipe,"

meaning "to take." Some consider it a relic of the sign of Jupiter and the remnant of an old custom of centuries ago when all prescriptions began with an invocation of Jupiter.

The inscription or body of the prescription includes:

1. Basis.
2. Adjuvant.
3. Corrective.
4. Vehicle.

The importance and uses of these four parts is aptly illustrated by Asclepiades' rule—"Curare cito, tuto et jucunde"—to cure quickly, safely and pleasantly. The base is the principal remedy and the one chiefly depended upon in effecting the cure; the adjuvant is the assistant which is to hasten the action of the base, and may have a similar physiological or remedial action, may act upon associated parts of the economy or may help the absorption of the base; the corrective is to control adverse action of the base upon the other parts of the system or to relieve pain or discomfort due to the action of the base; the vehicle is used to convey the remedies into the body. While the vehicle is usually looked upon as a minor part of the prescription it is really one of the most important. In fact, it stands equal in value to the base, for upon a knowledge of how you are going to get your remedy into your patient's body depends to a great extent the nature of your base. Therefore, before you undertake to write your prescription you must determine in what manner or form you can best administer your remedy, and of these forms there are many.

Solutions. One of the commonest forms of administering medicines is in the form of solution, using either water, alcohol, glycerine or some light hydro-carbon oil as a menstrum. The aqueous solutions are usually intended for oral administration, injection, eye drops, throat washes, nasal sprays, etc., and must be protected from heat in summer lest they ferment and spoil, and from cold in winter lest they freeze and burst the bottle. Alcoholic solutions are usually adopted for drugs insoluble in water, and where these solutions are intended for external uses the deodorized wood alcohol can be used, being just as good a solvent and much cheaper than the grain alcohol. Certain drugs which are used in liniments, nasal and throat sprays, etc., are dissolved in glycerine, fluid petrolatum, "albolene," gasoline, petroleum, etc., etc. In preparing percentage solutions quite a common error exists as to proportions; many physicians think that forty-eight grains or drops of a drug added to an ounce of menstrum makes a ten per cent. solution, whereas it is in reality a 1-11 solution. To be accurate, the measured or weighed drug should be added to enough mentsrum to make one ounce, which amount will vary with the bulk of the solid drug or quantity of liquid.

Elixirs. Where it is desired to give drugs in alcoholic solution they are usually prepared in the form of elixirs, or sweetened aromatic alcoholic solutions. For rapid extemporaneous preparation of this form we have a simple elixir or unmedicated solution of sugar in diluted alcohol, which can be had plain or colored red.

Mixtures. Many insoluble substances are prescribed in liquid vehicles and are dispensed as mixtures, a "shake-before-taking" label being attached to the container. To help in keeping the insoluble drugs in suspension resort is had to gum acacia and other mucilaginous substances.

Emulsions. The prescription calling for a mixture of oil and water demands an emulsifying agent, and one of the commonest of olden times, when emulsions were prepared on short no-

tice, was spts. frumenti. A common emulsion of cod liver oil was equal parts of the oil, water and common whisky, mixed with oil cubitum q. s. Other old time methods of preparing emulsions consisted in the addition of eggs, lemon juice and the several mucilages. Modern pharmacy has added various digestive ferments. No matter how carefully prepared, there is a tendency in most emulsions to either separate or "cake" and hence each bottle should be armed with a "shake" label.

Powders. Many drugs can be more advantageously administered dry than in other form and if reduced to fine powder and mixed with harmless saccharine or aromatic vehicles will prove acceptable to any palate. Cane sugar, sugar of milk and powdered licorice root are frequently used vehicles.

Pills. The pill is one of the oldest forms of administering remedies and is the product of a gradual evolution from the bolus. Pellets, granules, parvules, etc., are merely small pills. In preparing pills, after having decided upon the remedies to be incorporated, you must select an excipient or substance to be used in forming the drugs into a mass which can be rolled out and cut up. This mass must not only hold the remedies in the mixture, but must also retain its solubility. A hard insoluble pill is of no more therapeutic value than a pebble. The excipients most commonly used are glycerine, mucilage acacia and glycerite of starch. Extract of taraxacum was once much used but has fallen into disuse; so too with distilled water. Many drugs require peculiar excipients and these matters have been studied out by the pharmacist, whose duty it is to use an excipient which is not incompatable in any way with the remedies prescribed. In olden days the pills were cut and rolled by hand and then coated with powdered sugar or licorice root. Today, however, we have many forms of coatings and various machines for applying them. The usual ones are sugar, gelatine and chocolate, commonly designated in catalogues and labels as s. c., g. c. and c. c. Most chocolate coatings are merely sugar mixed with enough chocolate to color and flavor. Chocolate being an oily substance cannot be applied in the ordinary pill coating machines, but can be applied by means of a peculiar machine, the patents of which are owned or controlled by one firm (Nelson, Baker & Co., of Detroit,) and who at present have a monopoly of true pure chocolate coated products. Sugar and gelatine coatings can be applied by any person to any ordinary prescription if he be provided with the required hand apparatus. The so-called "friable" pills are coated with albumen. Pills which were intended to act upon the intestines and which were to be protected from the action of the gastric juices were formerly coated with some hard fat or wax; today they are coated with salol. For ornamental or psychic effect pills may be coated with silver or gold foil, or the sugar coatings may be given any color desired.

Capsules. Owing to the expense and trouble in gelatin coating small prescriptions the gelatin capsule was devised, and the filled capsule is merely another form of the gelatin-coated pill. My belief is that in preparing capsules it is best to make a pill mass, roll it out and subdivide just as in making pills, rather than to mix the ingredients dry and fill the capsules with the powder—as many pharmacists do today. The mass procedure enables you to use a smaller sized capsule and there is less danger of the capsule coming apart and the contents being spilled in the box. Capsules were intended to facilitate the administration of bitter and nauseous drugs by covering their taste. This is a point lost to many physicians

and druggists who are careless in preparing them, getting portions of the mass or dry powder smeared over the outside of the capsule where the patient gets the full benefit of that which was to be avoided. Absolute cleanliness is essential to the satisfactory capsule. Where two encapsuled prescriptions are to be used by the same patient, or by different patients in the same house or family, they can be distinguished by putting one up in red capsules and the other in the plain. Oils can readily be dispensed in the ordinary capsule; the longer half of the capsule is dipped into water about 1-16 of an inch at the open end, then filled with the oil and the cap adjusted; the action of the water effectually seals the capsule. The soft capsules can be utilized for extemporaneous work if the druggist cares to go to the additional expense and trouble.

Pearls. Certain volatile drugs are dispensed in small glass "pearls," a method requiring special pharmaceutical skill and usually beyond the attainments of the ordinary druggist. Amyl nitrite, the remedy usually dispensed in this form, can be purchased "ready made" at small expense.

Tablets, Lozenges and Troches. The tablets now in use are the hypodermic, the triturate and the compressed. The hypodermics are small, readily soluble and the active ingredient is mixed with some non-irritating, harmless drug to give sufficient bulk to facilitate handling, usually bicarbonate of soda. Tablet triturates are merely triturations of drugs with sugar of milk, molded into one or two grain "sizes" and containing various proportions of the remedy. Both the hypodermic and triturate tablets can be prepared extemporaneously by hand if the druggist or physician possess a set of the small glass or rubber moulds used for this purpose. Compressed tablets are usually of a large size—five to twenty grains, and of complex formulae. They are of the shot gun variety calculated to cover a multitude of sins, both in the patient and the physician. Lozenges and troches are simply varieties of compressed tablets, the difference being in shape rather than otherwise. Compressed tablets may be and frequently are coated after the manner of coating pills.

Confections, Masses and Pastes Confection of rose is a palatable pharmaceutical which can be used as a vehicle for many drugs and is worthy of more popular usage than it receives. Being made of honey it is capable of disguising the taste of many disagreeable remedies. Blue mass and similar preparations have this honey of rose as a vehicle. An old fashioned vehicle rarely seen in America today but which is popular in England is jujube paste, a tough mucilaginous confection of great value in the preparation of remedies for throat troubles. The English also use several varieties of fruit pastes in their throat treatments.

Oil Sprays and Nebulizer Fluids are prepared by dissolving the medicaments in albolene, glycolene, or some other "lene," in glycerine, glycerine and water, glycerine and alcohol, or in fluid petrolatum.

Liniments and Embrocations are usually mixtures of oils, solutions of gums and resins in oils, or mixtures of alcoholic tinctures and oils. Frequently gums and resins are dissolved in alcohol and used as a liniment. There are the so-called "water" liniments and "solid" liniments which are merely washes and ointments. Liniments are also made with emulsifying and saponifying agents, as in carron oil and ammonia liniment.

Unguents and Cerates. In the application of medicines to the skin the most popular method is by means of

ointments and cerates. The vehicles ordinarily used in preparing ointments are common lard, anhydrous lard and petrolatum. Where a watery substance is to be worked into an ointment we use lanoline, or wool fat, which will easily take up about one-third its bulk of water. Burnt palm oil is a favorite vehicle in tropical lands where other ointment bases are scarce and expensive. A cerate is an ointment to which wax or resin has been added to give stiffness to the mass.

Glycerites and Glyceroles are mixtures or solutions of drugs in glycerine, and may be used as medicaments or as excipients and vehicles for other drugs. Boroglyceride and glycerite of tannin are popular local applications; glycerite of starch is a common excipient in pill masses and glycerite of tragacanth is used as a toilet cream the world over, being tinted and scented to suit the demands of the public. Soap glycerite is in daily use in the form of the glycerine suppository.

(To be continued.)

MEASLES.

By O. E. Black, M. D., Wilsonville, Ala.

Measles, morbilli or rubeola may be defined as an acute, epidemic and contagious disease, characterized by catarrhal symptoms, referable to the nasal, bronchial and pulmonary mucous membrane, fever and a crimson mottled, papular eruption, which terminates by desquamation.

The etiology is unknown, though is supposed to be caused from some micro-organism which has never yet been isolated. This disease is more liable to attack children than adults, though may attack one of any age One attack usually protects from a second, though Osler, in his work on practice, reports several cases of even fourth attacks. The stage of incubation is seven to twenty days, average being fourteen days. It occurs at all seasons, though more extensively during the cold months. It attacks male and female alike; the contagion is communicated by the breath and secretions especially the nose; it may be conveyed by a third person.

There is a catarrhal inflammation of all mucous membranes, especially the eye and bronchi. During the convalescence there is a special tendency to tuberculosis. Dr. Robert B. Preble, writing for Progressive Medicine, says every one who has experience with children will admit that this disease is one of the most important of childhood, both because of its immediate mortality and also its relation to tuberculosis. No one knows how frequent this disease gives the tubercle bacillus an opportunity of implanting itself upon a new host. It is therefor remarkable that this disease is receiving almost no attention, and, although its cause is unknown, there is no evidence that any effort is being made to discover it.

The onset of the disease is gradual or may begin with a chill or in young children with spasm. At this stage you will find a peculiar eruption on the buccal membrane, lining lips and cheeks only, consisting of small irregular spots of bright red color; in the center of each spot a most minute blueish white speck. The stage of invasion continues from one to six days, temperature ranging from 100 to 104, during this stage a severe catarrhal inflammation of eye, nose and bronchi is present, which is not at all amenable to treatment; have severe pain through muscles, etc., also have small red splotches on hard palate. Then comes stage of eruption, which appears as an eruption of a crimson color on face, soon spreading over body as papules

and blotches, which coalesce into regular circles with healthy skin between. The fever continues very high till about fourth day of eruption, when eruption gives way and desquamation begins, the scales are fine bran like.

Black or malignant measles is a severe form caused from bad hygienic surroundings. The most common complications are broncho or lobar pneumonia, muco-purulent otitis media and, in an epidemic just passed in my section, rheumatism.

Will here report some peculiar cases: Was called to Mrs. R. about February 1, age forty-five, patient very asthenic, just reached stage of eruption, seemed to be typical case, temperature, 102; told husband to report case to me if didn't do well. In about three days called back to see her, still seemed as a typical case, about three days later saw her again, finding stage of desquamation, complained of earache and on examination of lungs, found a bronchial pneumonia. At the end of eight or ten days patient rallied from pneumonia though both ears still painful and temperature subnormal. After one or two days drum of one ear ruptured, which gave some relief, kept ear cleansed in usual manner, but in a few hours she became totally insane, taking two or three to keep her in bed. Heroic doses of morphine would quiet for short time only. She continued this way for three days, when she became easily influenced by morphine, dying in about twenty-seven hours.

Case No. 2. Male, age twenty-one, son of above patient, passed typical course of disease, after becoming convalescent exercised out doors a good deal, eating anything could get, was seized with violent pain in hip, thigh, knee and leg, which finally localized in knee, making typical picture of acute rheumatism. Was put on anti-rheumatic treatment which gave some relief, though still has a partially stiffened joint.

The hygienic surroundings of above patients were extremely bad. There were eleven cases in this family, the majority of which suffered more or less from muco-purulent otitis media.

The literature of measles for the past year contains little more than the reports of cases which present some unusual or interesting peculiarity. Craick reports a case of a boy who after complaining four days of pain in the left knee joint not due to any injury, broke out with the typical rash of measles, at this time and for a few days more the knee was not swollen but later the knee became swollen, the temperature rose after being down for some days. And the knee joint was freely opened allowing the escape of a large amount of synovial fluid and some pus, the knee was drained for a few days, the case ending in recovery.

As to the treatment of a typical case of measles, there is but little to do during courses of disease, as it is self-limited. I would have patient well taken care of, well nourished and treat symptoms as they arise. After commencement of convalescence would advise the long administration of some good form of cod liver oil to lessen the susceptibility to tuberculosis.

The eye of the master will do more work than both his hands.—Franklin.

Pineapple juice will digest meat and dissolve the membrane of diphtheria—J. A. Burnett.

I consider time as a treasure, decreasing every night, and that which every day diminishes soon perishes forever.—Sir William Jones.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE UNSUCCESSFUL WEDDING.

Doctor Brown had quite a practice,
In the growing town of A:
And all the people sent for him
From near and far away.
His years were nearing forty
When he resolved to wed
A buxom blue eyed beauty
To share his board and bed.
The doctor was a doctor true
And would not go away
From his large and pressing practice
Upon his wedding day,
But calls came thick and fast just when
The fatal knot was tieing,
And half a dozen folks at once,
Were getting worse and dieing.
Three times the preacher had to stop,
And thrice he did begin,
Until a wild eyed messenger
In haste came tearing in
"Doc Brown", he said, "come with me,
There is no time to wait
Our baby has convulsions,
My rig is at the gate"
The ceremony had to stop
The doctor had to go,
And now that blue eyed beauty
Has found another beau.

Dr. C. E. Boynton,
Los Banos, Cal.

A SUMMER IN EUROPE.

DR. J. A. PRATT IN GREAT BRITIAN.

After being on shipboard for eight and one-half days there was quite a hurry when we saw the little tender come alongside that was to take us to Queenstown. Leaving a ship at sea, at midnight, with the noise of the engines, cries of men and flashing of lights, was very exciting and was well worth experiencing. At one o'clock A. M. we were landed at the docks and after an inspection by the custom officers, were on our way to the Queen's Hotel.

Our first view of Ireland next morning, from one window, was one long to be remembered. The hotel overlooks the bay, which is the finest harbor in the world, easily able to hold the combined navies of Europe. Surrounded by high green hills, with the island between us and the sea, it resembled a beautiful inland lake. On our right lay His Royal Highness' man-of-war, which, with the frowning forts, soldiers and sailors gave a very warlike appearance. Queenstown is situated on a side hill and was formerly known as the "Cove of Cork," but was changed to its present name after a visit from Queen Victoria.

At 8:05 A. M. we took the train for Cork, and from the car window we could see the quaint, thatched roofed Irish homes, each surrounded by its stone wall. The stone walls around houses and estates in southern Ireland make one think that stone work is cheap. These walls range from 5 to 18 feet high, the tops covered with broken glass or sharp spikes. They certainly must be handy with their fingers, the way they relieve you of your money, you often wish for a 20-foot wall four feet square. The old houses are of stone, the modern stone and brick. Paint is rarely used, but they whitewash their buildings and walls surrounding the houses, partien-

larly the poorer classes, spring and fall, so the white buildings, with their thatched roofs, in a setting of green fields and trees is a beautiful sight. The farms are divided in lots of 3 to 5 acres, surrounded by stone walls, the stones of which are taken from the fields. The front yards of the better class are filled with shrubs and flowers, but the homes of the poor people are built on a line with the stone walls of the highway.

The turning to the left seems very odd, as are the doors fitted with spring locks with the nob in the center of the door, which looks like a trap for a "two pence."

The interesting point of Cork is Blarney castle, situated about five miles from the city, but easily reached by steam cars. One can drive by jaunting car, but it is a little tiresome on the back. I found that one hour's ride on a car was enough.

Blarney castle was built in the 15th century and is now a complete ruin. It is noted for the "Blarney Stone," the kissing of which gives one that "sweet, persuasive, wheedling eloquence," which is called "Blarney." Of course, we kissed the stone, which is held by two iron straps to the buttress. I broke off a small piece so my Irish friends may have the pleasure without the risk.

After returning from "Blarney Castle," through the courtesy of Dr. A. W. Sanford, surgeon-in-chief, we were shown through the eye, ear and throat hospital of Cork. This is the only special hospital in southern Ireland. It has 42 beds, a fine operating room and a good out department. The out department treats about 5,000 patients a year. We saw here the curse of Europe trachoma. No one having the disease is allowed to enter America. You see it here in the very worse stages —blindness from complete pannus. It is very pitiful, especially in the children. For day treatment Dr. Sanford was using protargol. In operative line expression he thought the most satisfactory. Infusion of jequinty bean is used for pannus.

The very best treatment I have found for trachoma is a thorough massage of the lids with boric acid powder. Everting the lid and covering it with powder, with a probe tightly wound with cotton, the lid is violently massaged. It is best to thoroughly cocainize before treatment. Use 20 per cent. argyrol three times a day as after treatment. As soon as the reaction subsides repeat. The first few treatments are about three days apart, then less frequently.

At Cork we made arrangements with Cook and son for a trip through Ireland, Scotland and England, of eight days, for $62.50 each. This included, second class railroad fare in Ireland, first class steamer and rail in Scotland, and third class in England, and stopping at first class hotels during the eight days Second class in Ireland and third class in England are the same as our first class in America. This trip included the Lakes of Killarney, Dublin, Belfast, Portrush, Giant's Causway, Glasgow, Scottish lakes, Edinburgh, Melrose Abbey, Abbotsford, Dryburgh Abbey and York. Very reasonable and I heartily recommend it. When a town is reached always find out at the railway office when your train leaves and jot it down. The ignorance of hotel people in reference to trains is annoying. This little advice cost me a two-hours' wait and a train that made the distance in five hours instead of three.

We left Cork at 6:40 P. M., arriving at Killarney at 9:30 and were driven to the Lake Hotel, which is the only hotel situated on the shore of the lower lake or Lough Leane, and as it was patronized by the king we considered it good enough for us. This hotel was previously known as the Royal Victo-

ria. The view from the hotel is very beautiful, one that must be seen to be appreciated. The present craze of postal cards makes it possible to get a series of views very reasonable. They average about 2c each. The next morning at ten o'clock we drove to Ross Castle on the lower lake and then started on a 15-mile row on the lakes. The row through the lower lake was quite exciting as it was very rough and we received quite a wetting. Then we entered the Long Range, which is a winding river five miles long, connecting the two lakes. The scenery is very rugged and apt to be a little dismal, especially if it is rainy. Just before we reach the upper lake and opposite Eagle Nest Mountain, the captain of our four oarsmen, stopped the boat and hallowed to give the echo, which is the best at that point, being repeated from craig to craig. When he was through one of the party produced a clipping from a New York paper, which stated that a bugle call would be repeated 129 times. The gentleman asked him what he thought of it, and he remarked that the bugle was made in New York and that the bugler came from St. Louis. The same boatman kept up a steady fire of witty sayings to amuse the crowd. The row through the upper lake was very beautiful. The lake is entirely surrounded by high mountains, seemingly to have no outlet. At the head of the lake is Queen's Cottage, built especially in which to entertain Queen Victoria, the dining room remaining as when she was there. After eating luncheon here we were driven through the Irish wilds to Tore cascade, which tumbles many hundred feet down a mountain side. We climbed half way up the mountain and were rewarded by a beautiful brids-eye view of the lake district. A half-hour ride brought us to our hotel and closed a day well worth coming for a thousand miles to enjoy.

There is one thing quite noticeable, that if anything of interest can be fenced in you have to pay from 12 to 25c to see it. The only means of support visible seems the making of laces and robbing of tourists, the latter has far exceeded the former as a fine art.

We left Killarney at 8:43 P. M., traveling all night, that I might visit the eye clinic in the morning. We reached Dublin and registered at Hotel Metropole at 4:30 A. M. At five we walked down to the quay and inspected the shipping. After breakfast I left my party to have a pleasant sleep, and took the double-deck electric train for the Royal Victoria eye and ear hospital. The train is a delightful way to see a city, as you are high up and can see everything. A few rides in different directions give you a very good idea of the city. The people are pleased to talk with Americans and willing to point out interesting places.

The hospital is about seven years old, and very modern. It has 80 beds and treats 1,312 in-patients a year and 7,800 out cases a year. There are two operating rooms with anaesthizing and sterilizing rooms between. I saw Dr. J. B. Story, the visiting surgeon, perform four cataract extractions. One was a simple extraction, the second following a previous iridectomy, and the others on boys for traumatic cataracts. In the last two be opened in the scar and spooned out what lens matter he could, leaving the rest to be absorbed. Dr. Story is a very pleasant and obliging gentleman, finding I was going to Glasgow, said he would write Dr. Barr to look after me. Dr. Story always has the conjunctival secretions examined before operating, and if anything is found suspicious puts the case on vigorous treatment until no pus germs are present. He thoroughly flushes the eye with about two quarts of sterile water. He covers the face with a wet antiseptic

gauze, tearing a small hole for the eye. He does not talk when operating so the spittle will not fly from his mouth and thus infect the eye. Dr. Story's operation for advancement, in which he cuts the tendon, splits it, and inserts the divided end on each side of the cornea under the conjunctiva and ties the sutures through a small bead to keep them from cutting through the conjunctiva, seems a very good operation. In the dispensary the trachoma cases are very prevalent, and they are using argyrol here in place of protargol, the rest of the treatment the same as in Cork. The extreme cordiality of the doctors is a thing to be recommended to the American doctors.

At 2 P. M. we inspected Guinness' brewery, which is the largest in the world. An idea of its vastness may be conceived by knowing that it covers 40 acres of ground, and paid in 1898 a revenue of $3,263,140 to the British government. The business is estimated to be worth 150 million dollars. The whole plant is cleanliness itself, and I wish I might say the same of the places where the produce is sold.

We took a jaunting car ride through beautiful Phoenix Park, which covers over 1,700 acres. There are a few peculiar things noticeable in Dublin. They call the drug stores "Medical Halls." In numbering the houses on a block they start with 1 and go up one side of the block and down the other, so every block has a number 1 in it. Ireland has a fine lot of policemen, or constables, young, soldierly-looking men far removed from our beersoaked variety. I could not help thinking of the 450-lb. one we have at home.

We left for Belfast the next morning on our way to the north of Ireland, after a profitable and busy 24 hours in Dublin. At Belfast it is necessary to cross the city to change depots and in place of taking a cab and paying 88c, we took the tram car in front of the depot and paid 8c. On account of the incessant tipping one must save the shillings. For instance, a man who takes your grips at the train and carries them to the station or a cab expects a tip. The cabman expects a tip besides his fare. A man takes the grips from cab to the station, expects a tip, and from waiting room to train another tip. Four tips in about fifteen minutes. I now carry my grips, if I am quick enough, for I find that whether they think you are a millionaire or not makes very little difference. Outside of my $62.50 for 8-days' trip, it will average $2 per day for tips and extras.

We spent the night at Portrush and the next morning took the electric tram for the Giant's Causway (or paved way). It is a delightful ride of 7 miles along the rugged and rock coast of Northern Ireland. The rock is quite soft, so the action of the waves have formed many fantastic figures, arches and caves, as the Giant's Head, Devil's Bowl, Lion's Paw, and many more the imagination can form. At the Causway to take a rowboat and see the strange formations from the sea. Dunkerry cave can only be entered from the sea. The Camel, Lion, Giant's Mother and Giant's Organ are all pointed out by the guide and their tradition recited. The peculiar formation of the basaltic rock is truly wonderful, having regular geometric shapes from three to nine sides. In one place a 4-5-6-7-8 sided blocks are touching each other. These regular pillars are in places 30 to 40 feet high. It is truly a wonderful formation, and well worth the trip to Northern Ireland.

At 3:30 P. M. we took the train for Larne, where a steamer awaited us for the trip across the Irish Sea to Scotland. The boat was propelled by the new turbine engine and made about 29 miles an hour. It was very rough, and

yours truly, with many others, did not care whether the boat went to the bottom or stayed on top. Fortunately I was only sick about 15 minutes while the others took the entire two hours to that delightful recreation. At Straurall we took the train for Glasgow arriving at midnight.

The next morning I attended the Glasgow eye infirmary, but as it was not operating day there was little to see. In Glasgow the eye, ear, skin, female, and general diseases all have separate infirmaries, situated in different districts. When I reached the hotel for luncheon I found a message from Dr. Barr, professor of otology in Glasgow university, stating that Dr. Story, of Dublin, had written him that I was in town and invited me to the ear infirmary at 3:30 P. M. I mention this to show the courtesy extended by foreign physicians. The doctor showed me the hospital, which did not compare with the one in Dublin, but answered very well its purpose. They use the powders in ear cases, which many in America have entirely discarded. I ceased using powders in suppurating ears eight years ago. It hardly seems good practice to bank up discharges. In suppuration the first principle is perfect drainage. To pack the ear with sterile gauze or cotton is the best treatment. They were doing tonsillotomies and adenoid operations. In the infirmary they use the ethyl compounds for anaesthesia in children. Dr. Barr uses chloroform in radical mastoid operations, in fact in all his operations. He seemed surprised to learn how extensively we use ether. The doctor gave me about as hard a "star chamber" for an hour and a half, as it has been my pleasure to have. Everything in his line he could remember he would ask me about. Our sightseeing was quite limited. We saw the cathedral, Glasgow Museum, Glasgow University, Botanical Gardens and took our usual tram rides, which is the best way to see any city in Europe.

Taking the train at Queen's street station we soon arrived at Balloch, which is situated at the foot of Loch Lomond. Here a steamer met us and we started on our trip through the beautiful Scottish lakes. Loch Lomond, with it's lovely island and surrounding hills and mountains, is a picture long to be remembered. Landing at Inversnaid, the coach took us overland about five miles to Stronachlachar, at the foot of Loch Katrine, wher the hotel is most beautifully situated. After one hour for luncheon we took the steamer through Loch Katrine, disembarking at Trossachs for a seven-mile coaching trip through the Highlands to Aberfoyle, to take the train to Edinburgh. It would be hopeless, indeed, to attempt to describe the beautiful scenery; there is only one thing to do, see it.

On the way to Edinburgh we passed over the wonderful Forth Bridge, which spans the Firth of Forth. It is the largest cantilever bridge in the world, being 1 1-2 miles long and 350 feet above the water.

Edinburgh is the most picturesque city we have seen. It is situated on two large ridges with a broad valley between. Our hotel was situated at the edge of the valley. On one side was the Princess Street Garden with the beautiful Scott monument At the end and our side of the garden rises the castle with its frowning walls and guns. On the other side rises Calton Hill with the Nelson monument and many Grecian buildings. The many examples of Grecian architecture have given it the name of the "Modern Athens." The main streets are so clean they look as if they had just been scrubbed. As the city was considerable of a village in 854, they have had time to look after these little things. The castle is very

interesting, having been the retreat for the kings and queens of Scotland for hundreds of years. The old Parliament Hall, the room where Mary Queen of Scotland gave birth to James VI and the window from which he was lowered, as well as the crown jewels are particularly interesting. Holyrood Palace is of great interest as the home of Queen Mary. The apartments of the queen are still as she left them, and one shudders as he stands in the room when Rizzio, the queen's secretary, was stabbed to death in her presence.

The Edinburgh Royal Infirmary is the largest in Scotland. The medical college is next to it and has 1,400 students, so they are making doctors in Scotland as well as America, only the course is 5 years to be a Bachelor of Medicine, for a full-fledged M. D. the time is 7 years. The "Jubilee" portion is modern, but the rest is quite old. There are five surgical operating rooms and the wards are very conveniently arranged. About 10,000 hospital patients are treated a year, two-thirds of which are surgical. Dr. McKenzie-Johnson is at the head of the ear, nose and throat. The eye department is under Drs. Mackay and Berry, with Dr. Argyll-Robertson as consulting surgeon. I did not seen Dr. Robertson, but attended a very intersting lecture on Glaucoma by Dr. Mackay. The doctor layed great stress on depletion either natural or artificial leeching, and the saturation of the patient with sodium salicylate. He prefers the nitrate of pilocarpine in place of eserine on account of the greater congestion caused by the latter. Iridectomy and sclerotomy were the operative measures. He cautioned the students against confusing glaucoma and iritis, and also trifacial neuralgia. Every physician should look up these diseases and have them well fixed in mind, for the censuring is very severe if a mistake is made A very interesting hour was spent in the doctor's out-patient department . He allows the student to do all the treating, suggesting, however, what is to be done.

A short ride of 37 1-4 miles brings us to Melrose, where we took a carriage to Abbotsford, the home of Sir Walter Scott. The guide explains everything as you go along, and the entrance hall, amory, drawing room, library and study are the same as when Scott used them. Dryburgh Abbey, 4 miles from Melrose, is the burial place of Scott, his wife and eldest son. There was also a tablet in the Abbey to one Erskine, the last of 33 children. To read this would certainly have made our president glad.

Melrose Abbey is in the town of Melrose and was built in 1136. It is made famous by the description of Scott in the "Lay of the Last Minstrel." The old carvings are very beautiful.

The last city we visited before reaching London was York, the old Roman town, where the walks built by the Romans can still be seen. It was an old town in A. D. 78. Here Severus died and was buried, Constantine the Great was proclaimed emperor, the first English parliament was held in 1160. The cathedral or minster is one of the best in England, and for old glass and windows there is none better. The glass dates from 1472. The city is well worth a visit. Off to London.

NEGLECTED REMEDIES.

The following remedies are neglected remedies. They are rarely prescribed at present by regular physicians but are remedies of great value and should not drop into oblivion.

Capsicum sustains the action of the heart, especially the arterial circulation and when combined with hydrastis, which sustains the venous circulation, it makes a good combination to

sustain the heart's action and to equalize the circulation. This combination is often very useful during convalescence as a general tonic and to increase the appetite, also in cases where the limbs are prone to become cold. Capsicum will in many instances control uterine hemorrhages and ward off chills. It is a valuable companion for quinine in almost any condition where quinine is indicated. It hastens and assists the action of quinine.

Dioscorea can be combined with purgatives, especially vegetable purgatives and will prevent them from griping. This remedy will relieve most all pains in the abdomen, especially when given in hot water or combined with a small amount of lobelia. Painful menstruation, gall stone colic and some forms of appendicitis are cured or benefited by dioscorea. In gall stone colic and appendicitis it is usually alternated with olive oil. In ordinary cramp colic it is usually used by rectal injections.

Lobelia is the best known general relaxant and is a safe drug to use. It will empty the stomach in a very satisfactory manner and will relax all parts of the body, a fact worth remembering, as relaxation, contracting and toning the parts is about all that medicine will do in curing diseases and this agent well fills one of these. In small doses it stimulates the liver and allays nervous excitement, also very useful in asthma and difficult breathing. When used externally it is a valuable remedy in poisoned conditions caused by coming in contact with poison vine (rhus tox.), also in diphtheria when combined with sodium bicarbonate. Lobelia is contra-indicated in relaxed conditions—and in the advanced stages of diseases, especially in emetic doses.

Rhus aromatica is the best general remedy we have for enuresis. If there is any nervousness in this complaint it should be combined or alternated with cypripedium or scutellaria and if there is anemia it should be combined with or alternated with tonics which will build up the system. It is also useful in atonic diarrhea, metrorrhagia, menorrhagia, and malarial hematuria. There are but few, if any, remedies that will equal it in the last-named disease.

Rhus glabra is but little used at present and less valuable remedies have taken it's place. In scurvy when used as a mouthwash and taken internally it gives good results. All cankerous conditions are benefited or cured by it's use. In many forms of diarrhea it is all the remedy needed but is often combined with alum in this complaint. When used as a mouth wash and taken internally in liberal doses it is the best remedy for mercurial salivation. It can be combined with chlorate of potassium in this complaint. I am of the opinion that this would be a valuable companion for calomel in many conditions such as diarrhea caused by biliousness and to prevent the untoward effect of calomel.

Dr. J. A. Burnett.

FROM IRELAND.

DISEASES IN PRACTICE WITH COMMENTS.

The following are a few of the diseases which I have successfully treated in my practice:

On the 20th day of April, 1893, Mrs. M. F., aged 29 years, whose constitution appeared to be strong and healthy, applied to me for treatment of excruciating pain over her eyebrows and increasing blindness. I examined her and found a milk white cataract of the left eye and a striated cataract of the right eye. She said that she was afraid that she would soon be totally blind. I promised her that her eyesight would not get anything

worse, and that she would soon get relief from the pain over her eye-brows. I supplied her with the medicine suitable to her case, and gave her a sufficient quantity to do three weeks.

On the 10th of May, 1893, she applied again, and told me that she was only a few days taking the medicine, when she got relief from the pain and that she was completely free from pain on the date of her second application. The cataract in the right eye was considerably less than at the first visit, and the cataract in the left eye was beginning to clear. I repeated the medicine dispensed at her first application.

On the 27th day of May, 1893, she called, and told me that the pain did not return, and that her sight was improving. The lens of the right eye was perfectly transparent, and the cataract in the left eye was confined to the lower half of the lens. The medicine was repeated. When this medicine was taken the sight was so much improved that she did not return for more medicine or advice; but I saw her after she left off treatment, and there was not a trace of a cataract in her eyes. She told me that she could see as well as she did at any time of her life, and she has continued so since.

I have seen patients whose cataracts were extracted by the leading ophthalmic surgeons in Great Britain and Ireland, and the eyes operated on were blind. If those eyes regained some sight after operation, they became totally blind in a few years. As I do not believe in statistics to prove the value of an operation, it is my opinion that ophthalmic surgeons should not operate for cataract; because after the failure of such an operation the eye is irretrievably lost, and nothing can be done for the sight of the eye operated on. If patients with cataracts were properly treated by physicians, the cataracts would soon disappear from the affected eyes.

On the 17th of September, 1894, W. S., aged 24 years, applied to me for treatment. He told me that he had influenza eighteen months ago, that he was a fortnight in a local hospital, where he was treated for disease of the stomach, and which he had left a few days before he applied to me; because he found that he was getting worse. He rubbed his arms from the shoulders down, and said that they were getting thin; that once he had stout muscular arms, but the muscles were wasting away. His family history was good. I examined him, and found that the upper lobe of the right lung and the apex of the left lung were consolidated. Any disturbance of the digestive system from which he suffered was caused by the state of his lungs. I supplied him with the medicine I knew to be necessary for his complaint, and gave him a sufficient quantity to do three weeks.

On the 10th of October, 1894, he called again, and told me that he felt stronger than he did at his first visit. I examined him, and found the consolidation in both lungs diminished. The medicine was repeated.

On the 6th of November, 1894, he called, and told me that he was greatly improved. I examined him again and found the consolidation of the left lung cleared away, only a few rhonchi remaining. There was still some consolidation of the right lung. The medicine was repeated.

He called on the 29th of November, 1894, and told me that he thought he was out of his complaint. I examined him and found the left lung normal, but there was still some consolidation of the apex of the right lung with rhonchi lower down. The medicine was repeated. This patient did not call again till the 7th of January,

1895, when he said that he would like that I would examine him; but that he did not intend to take any more medicine. I examined him, and found all the consolidation cleared away, a few rhonchi remaining at the apex of the right lung. He took his farewell but no medicine, appearing to be well pleased at his improvement. This patient subsequently entered the Dublin Metropolitan police in Ireland, and has got promoted to the rank of sergeant.

On the 15th of June, 1896, C. D., aged 27 years, applied to me for treatment. He told me that he was occasionally treated during the last two years in the principal hospitals in Glasgow, Scotland, as well as privately by some of the physicians in that city; and before applying to me that he was treated in a hospital in the town of Sligo, Ireland, and also by physicians in that town and its neighborhood. He said that he was continually getting worse, and his application to me would be the last effort he would make for treatment; and indeed he was not able to make much effort. The morning he came to me for treatment his breathing was like that of an athlete after running a long race with his competitors. I examined him, and found the left lung to the third rib in front and the spine of the scapula behind a mixture of consolidation and liquid rhonchi. The apex of the right lung was in a similar state. I supplied him with the medicine applicable to his case and gave him a sufficient quantity to do three weeks.

On the 10th of July, 1896, he called again, and said that he thought that he was improving, that his strength and appetite were improved. His breathing at any rate was easier. I examined him, but could not find much improvement in the state of his lungs. The medicine was repeated.

On the 4th of Augst, 1896, he called, and said that it was a bad way to be walking about such a day instead of working. I told him that he was very lucky to be able to walk about and not in the coffin. I examined him and found the right lung normal and the left with slight consolidation limited to the apex with a few rhonchi. The medicine was repeated. This patient did not return, but I was informed that he completely regained his health.

Those two patients and numerous others lived in the town of Sligo during treatment, which sufficiently proves that pine forests and forced air are not indispensable for the successful treatment of phthisis pulmonalis. It is announced in the journals in this country that a doctor in Philadelphia has recommended the tops of the houses of that city for the treatment of cases of phthisis pulmonalis, and that the municipal authorities have agreed to make the necessary preparations for their reception. If a tornado breaks over Philadelphia, while the patients are in that position, the destruction will be terrible. It will be nearly as bad as it was in Ireland in 1846, when the crops were destroyed, there was no food, or very little, to be got, and the Irish died of starvation. Both Ireland and Great Britain are threatened with the disaster, which occurred in Ireland in 1846. Mr. Joseph Chamberlain is on the mission in Great Britain preaching that the only remedy to save the English nation is to tax food material; that by so doing the wages of the workmen will increase, and the price of food will diminish. I have not seen that Mr. Chamberlain has given any reasons for those startling discoveries; but a gentleman in England, in writing to a candidate for honors in the English parliament, stated that the tax on food-material would

stimulate the English agricultural farmer to grow an increased quantity of such material, and consequently the price of food would diminish. I think no person will believe that gentleman or Mr. Chamberlain that a diminution in the price of food will stimulate the English farmer to raise an increased quantity. The fact is the price of food will increase, and the price or rent of land will increase also; and the farmer will be in a far worse plight than he is at present. Mr. Chamberlain proposes to give a premium to the workman and farmer by diminishing the present tax on tea and tobacco, two articles without which people could do, and people would be better without those articles of consumption. But perhaps Mr. Chamberlain loves his cigar, as the late Rev. Mr. Spurgeon did, when he could smoke to the glory of God Almighty. It will take Mr. Chamberlain all his time to stimulate the five millions of persons in London, England, to grow an increased quantity of food-material; those persons have no land, but they must be fed; and the whole of England is similarly situated though on a smaller. scale. England has not the territory in proportion to the population, which America has to raise food. If the English parliament taxes food, and America finds a better market for food-material, or to put the matter absolutely, if America ceases at any time to send food-material into Great Britain and Ireland, those countries will not be able to support themselves three months in the year. If food is taxed, the quantity imported from America is sure to diminish, London will dwindle like ancient Rome, and England will become a pigmy among nations.

Mr. Arthur James Balfour was the other night at a banquet in Bristol, England; and after the banquet was over, he was addressing all those who came to hear his speech, in the course of which he told them that his gorge rose. The people of England are since sadly perplexed, as they do not know and cannot find what Mr. Balfour meant by those words. I will venture to give them the information required. Mr. Balfour, while a resident in Scotland, got to know the taste of Scotch malt, and at the banquet was not afraid that his partiality for everything Scotch would be detected He consequently patronized the Scotch malt with no sparing hand, and when he began to speak, the Scotch malt rose. Robert Burns, the Scotch poet, more than a century ago, said that Scotch malt had this effect; so the information stated is not a discovery of mine . The city of Bristol is famous also in history for the risings, which occurred therein . More than half a century ago the motto of the English laborers was a free breakfast or a breakfast composed of food untaxed. When the English parliament refused to give the laborer his request of a free breakfast, the mob in Bristol rose and fired the protestant bishop's house to the ground; the Recorder of Bristol, who was holding his court, had to make his exit through the rear of that building, to climb the roof of houses, and to put on the dress of a coachman, in which capacity he had to leave Bristol. Similar riots occurred in other parts of England, and some persons lost their lives. The English parliament was at length compelled to take the tax off food. If the English parliament will again tax food, the laborer will not be able to support himself and his family on the wages he can earn; there will be strikes, and the riots of Bristol and other places will be repeated with all their horrors.

Daniel McGuire, L. R. C. P., Edin.
Templeboy, Co. Sligo, Ireland.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CO-EDUCATION AND THE HIGHER EDUCATION OF WOMEN.

A distinguishing characteristic of American education, as compared with European school systems, is co-education. America has always prided herself on treating with equal justice her boys and girls, giving them both the same chances in the race of life by educating them together without discrimination. Nevertheless, opposition against co-education has developed of late years. Beginning in eastern colleges, apparently as a boyish protest against the restriction made necessary by the presence of women, the sentiment has grown in strength, volume and depth, until it has become a problem. At the last meeting of the National Educational Association the subject was taken up and the discussion participated in by such well-known educators as Stanley Hall, Prof. Thwing, Prof. Jesse, Prof. Angell, all college presidents. Co-education was defended by the representatives of the state universities, whose views may have been influenced by the fact that the policy of their institutions is settled by law. Aside from the arguments of an intellectual and moral nature there is a physical side to the question which is of greatest interest to the physician.

It would be foolish to assert that woman is by her nature unfitted for the acquirement of higher education. Her intellectual equality with man has been too thoroughly tested. But is not the girl's physiological destiny retarded, interfered with, and often frustrated by the intense competition forced upon her by being put through the same educational processes in company with the boy? Nature's highest aim is the propagation of the species, in man as in other animals or plants. The statement sounds brutal in its nakedness. All natural laws are brutal. The attainment of this highest natural aim is interfered with by the modern higher education of women or the manner in which it is pursued. The birth rate is low among educated American women, lowest among those who have been longest in school, until 1.8 children is the average family of a woman who has gone through college. The low rate is not attributable to unwillingness on their part to bear children, for on the contrary, there is testimony, as quoted by Alumna in a paper in the Popular Science Monthly, that most college women consider woman's life incomplete without motherhood. The fault lies in physical deterioration, causing sterility, increasing the dangers of the act of birth, making its results disastrous to a point that a repetition must be avoided, or often fatally impairing the vitality of the offspring.

It would be an error, though, to lay the blame for the deplorable showing on the college course alone. The foundation for the failure of proper physiological activity is really laid earlier, during the high school or last grammar school years, when the vitality, required in its entirety for the development of the sexual functions, is diverted to the brain and nervous system by educational demands. Just at the time, when nervous strain should be relaxed, the system makes the most strenuous demands. Is it not an injustice to the girl, to place her, at this period of her life, in daily competition with the boy,

whose sexual maturity comes later and does not make the same physical impress on him? Every girl should, at the time of her sexual development, be granted frequent periods of rest, a full year, if possible. A year's delay in graduation is not so bad as a dwarfing of development. As a rule her better health will make it easy for her to recover her studies.

The writer can look back with satisfaction to an instance, in which his advice as to schooling was followed out. A mother, with the example of her older daughter before her eyes, a highly educated young women, neurasthenic, suffered from dysmenorrhea, mother of one child borne with extreme difficulty, asked what she should do to save her younger daughter, a bright girl of 14, from a similar fate. Keep her out of school for a year, was the advice. The result has been most happy. The girl has grown into a woman unaware of her nerves, whose functions are absolutely normal and painless, health perfect, physique splendid (she has never worn a corset), and who need not dread motherhood. Intellectually she is the peer of all her co-evals. It is sad that this is an exceptional case. It need not be, it would not be, if the people, especially the educators, would heed their physicians' plea for simplicity and conformity to nature's laws.

KEEP YOUR MOUTH SHUT, WHILE OPERATING!

It is not an uncommon habit among surgeons, to keep a constant stream of talk going during an operation, giving orders to assistants and nurses, or instructions to bystanders. Now we learn from an article in the Arch. f. Klin. Chirurg., abstracted by the N. W. Lancet, that this is wrong, for it increases the danger of wound infection. With every word spoken a considerable amount of saliva is thrown out which is always germ-laden. Injected experimentally into the peritoneum of lower animals the saliva always causes death. Complete disinfection of the mouth is not possible. Ergo: do not talk or wear a mask over the mouth at the operating table.

ANOTHER WARNING TO SURGEONS.

In the same journal Kraske, known through his operation for extirpation of the rectum, sounds a note of warning against the possible dangers of the Trendlenburg position, which facilitates many operations on the lower abdomen. In cases of myocardial degeneration the backward pressure of the column of blood in the inferior vena cava may induce an acute dilatation of the heart. Kraske has had two such cases in his own work. When there is a large amount of fat in the omentum and mesentery, the intra-abdominal viscera may become permanently dislocated. In two cases of suprapubic lithotomy done in the Trendlenburg position intestinal obstruction followed. The great increase of pressure on the liver occasionally causes a congestion of the portal circulation with resulting hemorrhage from the stomach.

DECAPSULATION OF THE KIDNEY.

While Edebohls, the chief advocate of surgical treatment of chronic Bright's disease, continues to publish favorable results and claims that the operation is indicated in all varieties of chronic nephritis, even marked changes in the heart and blood vessels disappearing after it, other observers remain sceptical. The objections are summed up by Elliott (N. Y. & Phila. Med. Jour.):

1. Chronic Bright's disease in its development constitutes a diseased condition of the entire system.

2. It is a disease of very gradual development, and in the great majority of

cases, has existed for months and years before the patient comes under observation.

3. It is produced by a chronic toxemia, either systemic or infective in origin, which produces coincidently as a result, widespread arterial and cardiac degenerative changes, which, being once established, are permanent, and in their development eventually constitute the most threatening element of the disease.

4. General edema or anasarca in chronic renal disease is in many instances in great measure a cardiac dropsy, brought about by advancing myocardial degeneration. It is occasionally so in chronic parenchymatous nephritis, and almost invariably so in chronic interstitial nephritis.

5. It may be stated that, in like manner, developing anuria and uremia in chronic nephritis may be largely cardiac in production, the functional inadequacy of the kidneys having its inception in the fall of blood pressure incident to circulatory failure.

6. In the latter stages of chronic nephritis, of whatever character, the case is apt to take on these cardiac aspects, which virtually convert the therapeutic problem into a question of sustaining a failing heart.

7. Albuminuric retinitis must be looked upon as one of the terminal symptoms of chronic nephritis. The concurrence of opinion places a limit of two years upon the prognosis after development of this complication. The statistics gathered by Suker of cases operated on, show that, in place of prolonging this limit of expectancy, operation has a decidedly contrary effect.

8. It is to be borne in mind that chronic nephritis is a disease of slow and spasmodic development. It is well to realize its exacerbations and remissions, so as to avoid the error of mistaking remissions for cures.

9. The mere fact that the general condition of the patient improves somewhat after decapsulation does not establish the validity of the operation, for hygiene and rest will do the same for the patient to a remarkable degree in many cases. As the factors of hygiene and rest are invariably associated with the surgical procedure, it is possible that the resulting benefit may, to some extent, accrue from those sources.

10. The results of experimentation demonstrate that, within a period of three months and a half after decapsulation, a new, and in most cases a tougher, fibrous envelope has taken the place of the original capsule. This fact may account for the many relapses and deaths after that period in cases operated on, and in chronic cases, at least, it narrows the prospect of improvement to a period of months.

MENTHOL.

This remedy is one which should be used more often than it is, as it is one of decided merit. Dr. G. W. Holmes, of Sharpes, Fla., writes of it in the Eclectic Medical Gleaner:

I find that a solution of menthol is a very useful remedy.

℞

Menthol ʒij
Alcohol ℥iv

M.

In burns, painful bruises, earache, toothache, headche, etc., it is very valuable. It can be applied to the itchy scalp as well. As a general remedy for pruritis from any cause, and especially from redbugs, that give the tender-footed tourist a heap of trouble, it is excellent. It will quiet the itching of almost any unmentionable locality that insistently remind one that he is, or she should be, in touch with it. It is useful internally in flatulent colic, etc., as well.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. AUGUST, 1904. No. 8.

PARAFFIN IN "SWEETS."

The extent to which paraffin is used as an adulterant in confections is becoming decidedly alarming. Physicians are always alert to protect the health of the people and this matter offers another opportunity for some good work. Physicians should agitate the matter until the nefarious practice is stopped. We recently heard of the death of a man caused by eating gum drops; they were filled with paraffin and caused an intestinal impaction. Another fatal case recently reported was from paraffin in "butter scotch." The New England Medical Gazette for August publishes the following on paraffin adulteration:

In New York recently adulterants highly injurious to the health have been found in innocent-looking cakes, cheap carmels and other sweet stuffs sold freely to children, and a report has been made to the attorney-general of the state by chemists working under direction of the state department of agriculture.

In one instance eleven grains of paraffin were found in four small chocolate-covered cakes. The chemists declare that paraffin resists the action of strong acids and is highly injurious to the digestive organs. Evidently it had been used by the bakers and candy manufacturers to keep their products from becoming stale.

EDITORIAL NOTES.

Whenever you order any kind of printing always write very plainly.

We publish many articles in the Recorder which do not agree with our own opinions.

Many physicians think that if they own or manage a hospital it will bring them a large practice. This is not true. To successfully conduct a hospital a physician or surgeon must first have the practice. A hospital, although small, is often an expensive luxury.

When you order our premium labels be sure to write your name and address very distinctly. Some of the orders we receive are written so carelessly that it is impossible to exactly descipher them. In ordering printing it makes quite a difference if your o's look like a's and your u's like n's.

Small pox prevails at Zion City. Elijah's power over small pox seems to be very small. Dowie with his Zion is another demonstration of Barnum's statement that people like to be humbugged. No matter how completely the falseness of Dowie's claims are exposed there are always dupes ready to follow him. But it has always been so since the world began. False prophets are not new.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Absorption of Cataracts.—Daniel Maguire, L. P. C. P., Templeboy, Ireland, intimates in this number of the Recorder that he has been able to absorb cataracts. If so, he can do better than anyone in this country. Recorder readers will be glad to know more of this treatment. Our own opinion based on a large experience is that a genuine cataract when developed to any extent can be treated successfully only by operation. Incipient cataracts can sometimes be retarded but this only applies to the early stages.

The various "absorption" cures for cataract, advertised in this country do not cure and do not absorb. Cataract operation still remains as the only cure in well developed cataracts. The per cent. of failures from cataract operations is very small and the results of the operation nearly always satisfactory.

Etiology of Cancer.—The etiology of cancer is a subject of much speculation. The following from the Medical Times is of interest:

An editorial in the Polyclinic, London, assumes that a child born after his father has lived fifty or sixty years, and passed through many attacks of gout, will not be in precisely the same conditions as one born in his parents' youth. It is surely reasonable to believe that he will in some degree inherit the tissue proclivities which his parent has acquired. Passing to cancer, it may be suggested as a primary proposition that the nearer to the cancer period in the parent a child is begot the greater is the risk that he may inherit a tissue proclivity to the cancerous process. This cancer period is that of middle age and commencing senility The age at which prudence permits marriage has been steadily rising among the more highly civilized nations, and it is among these that the recent increase has almost exclusively been noted. A striking incident in this connection is that among the Roman Catholics, who encourage early marriages, there is less cancer than among Protestants This is notably the case in Ireland, as is shown by Dr. Mathesons' statistics.

Railway Sanitation—The Recorder has at various times called attention to the fact that railway passenger cars frequently spread contagion, in various ways. A communication in the Virginia Medical Semi-Monthly, by Dr. A. L. Benedict, of Buffalo, New York, calls attention to one phase of the subject. He says:

I have just read the very valuable article by Dr. Paul B. Barringer, on "An Unappreciated Source of Typhoid Infection," in your issue of February 12, 1904. With no intention of detracting in any way from the credit due him for calling attention to the dangers of the railroad closet, allow me to say that in 1892, when city physician in Buffalo, and during the scare with regard to the possible introduction of cholera into this country, I published a very similar warning in the Buffalo Medical and Surgical Journal. The railroad bed, being usually fairly impervious, free from retentive dirt or grass and swept by violent currents of

air, is a source of danger of anemophoric infection with all sorts of bacteria and animal parasites. Generally, not much surface dust reaches the cars, except at the end of a train, but railroad beds are travelled by many persons on foot, they cross numerous roads and streets at grade, and there is danger of convection to persons in stations beneath overhead crossings, etc.

The obvious remedy, simple in theory and difficult only in legislative execution, is that suggested by Dr. Barringer in the article cited as well as by myself in 1892, and which must have occurred also to any one else whose attention has been called to the general subject. Some form of receptacle must be attached to the railroad closet, which will not leak nor scatter dejecta, and which can be thoroughly cleaned and disinfected at convenient stations.

By the way, considerable improvement may be made in the facilities at stations and in ordinary cleanliness in the present car closet. Pullman car closets usually are supplied with towels. Not knowing just what portion of the anatomy these are intended for, I have never used them, but it occurs to me that they might better be dispensed with, as the toilet paper is sufficient and more hygienic.

While many of our railroads show a laudable tendency to observe hygienic precautions, all should really be under the authority of a national commission, which would look after many details not at present covered by national, state and local legislation.

Echinacea. — The Recorder has published a number of articles in the past on echinacea showing the decided value of echinacea. Many of our readers are especially interested in the remedy and will be glad to see the following abstract, from the American Medical Compend, by Dr. Shumaker:

Shumaker gives the results of administration of this drug, the modus operandi of which he can not explain, the preparation being the fluid extract of the root, dose ¼ to ½ fluid dram; or specific echinacea, dose 5 to 30 drops. He finds that the glandular system seems to be stimulated, the stomach improved in its functions, the appetite increased, while the bowels operate better and the nutrition is improved. He thinks the drug stimulates the retrograde metabolism better than any single remedy known. He has used it in infants a few days old, and at every age without any bad results He thinks it specially valuable in typhoid fever, in which it can be given without interruption from the start with any kind of temperature . In smallpox it relieves the itching and shortens the febrile period, and also modifies pustulation. In anthrax it prevents the formation of new colonies or boils, and causes subsidence to a certain extent of those already existing. The dose should be large and repeated every hour until twenty-four or thirty-six doses have been taken If any of the abscesses have an opening, the remedy should be applied locally in the strength of one part to three parts of boiled water As a remedy for burns it has no equal, and less cicatricial tissue follows its use than with any other remedy. He uses echinacea one part, boiled water two to six parts, locally applied, keeping this up until the healing process separates the saturated gauze from contact with the part. In senile gangrene his confidence in its usefulness has been built up on the results of its use in less than a dozen cases. It stops sloughing and encourages the line of demarcation. In snake bite he has had no experience with it, but where rattlesnake bites are frequent, many cases are reported by those whose integrity he can not doubt, testifying to its value.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE DOCTOR'S LEISURE HOUR. Facts and Fancies of Interest to the Doctor and His Patient. Arranged by Porter Davies, M. D., Volume 1 of The Doctor's Recreation Series. Charles Wells Moulton, General Editor. Pages 352. Silk Cloth Gilt Top. Price $2.50. Illustrated. The Saalfield Publishing Co., Akron, Ohio.

This book is the first volume of the Doctor's Recreation Series and is something decidedly new in medical literature, The aim of the editors has been to amass a great amount of literature pertaining to the medical profession which has heretofore been inaccessible to the general practitioner or so widely scattered as to be practically unattainable when most needed. Much good material drifts hither and thither on the stream of fugitive literature, and if not wholly lost, is likely to become forgotten. Many of the pieces here collected have been rescued from the oblivion that seemed awaiting them, while much of the material is new and original.

The Doctor's Leisure Hour contains such a fund of curious and interesting matter that it will interest every practitioner. The volume contains stories, sketches and poems covering the entire life of the doctor from his student days until he becomes the "leading doctor of the town." Anecdotes of famous doctors, poems on Madame La Docteur, sketches and jokes of the quack, etc., abound. The volume contains a great wealth of wit and humor but also has some serious matter. The selections are from the note-books of an active practitioner and are made under the supervision of the general editor. Among the contributors are Dr. S. Weir Mitchell, John Kendrick Bangs, Opie Read, Jerome K. Jerome, Alice Morse Earle, Rev. John Watson, Ruth McEnery Stuart, Mary E. Wilkins, MacKenzie Bell, Edwin L. Sabin. No doctor can read this book without feeling happier and in better condition for his arduous work.

The book is beautifully printed and bound in silk cloth with gilt top. There is also an edition in half morocco. There are four illustrations, photographic reproductions of famous paintings, appropriate in subject. The series will consist of twelve volumes and will constitute an actual encyclopedia of purely literary medical literature.

THE THERAPY OF THE SALINE WATERS. Part v of the Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. By Prof Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort, and Dr. Carl Dapper, Bad Kissingen. Translated under the direction of Boardman Reed, M. D., Philadelphia. Pages 92. Cloth, Price 75 cents. E. B. Treat & Co., 241-243 West 23rd St., New York.

The interest in balneological methods of treatment at the present time makes this little volume of especial value.

Previous to the investigations of Drs. von Noorden and Dapper the only knowledge of the therapy of saline waters was purely empirical. There were a few reports of observations on animals and a few on healthy human subjects but no one had made any clinical and experimental studies on sick people. Von Noorden and Dapper studied the influence of the sodium

chloride waters on the digestion in conditions of disturbed gastric secretion as well as in gout, diabetes and other diseases of nutrition. Their studies on the effect of saline mineral water on the absorption of food and particularly on the digestion of fats and the metabolism of proteids, are especially valuable. The chapter devoted to the influence of saline mineral waters in the excretion of uric acid is of practical value. This volume, with the others of the series, makes a valuable addition to the physician's library.

General Medicine. Edited by Frank Billings, M. S., M. D., Dean of Rush Medical College and J. H. Salisbury, Professor of Medicine, Chicago Clinical School. Vol. VI. of the Practical Medicine Series of Year Books. G. P. Head, M. D., General Editor. Pages 330. Cloth. Price $1.00. Illustrated. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume gives a review of late literature on general medicine, especially gastro-intestinal diseases. Fifty four pages are devoted to typhoid fever, giving the latest reports and researches on this disease. Every general practitioner will find this section worth the price of the book. Nearly one hundred pages are occupied with abstracts and notes on diseases of the stomach. About the same amount of space is given to diseases of the intestines. Diseases of the liver also receive considerable attention. Some of the other subjects are malaria, yellow fever, and diseases of the mouth and esophagus. During the past year there has been considerable advancement in this department so that the volume is very helpful. That the editorial work is properly done is assured by the names of the editors, whose reputations are world-wide. The book has a good index which is always a valuable feature to any book.

These books are well printed and bound and as we have before remarked are marvels of cheapness. The set of ten year books is supplied for $5.50, payable in advance.

Typical Tuberculosis. Selected cases from a report entitled, "Collective Investigation on Tuberculosis." By John Aulde, M. D., Paper 8vo, pp. 23 with 18 charts. Published by the Author, Philadelphia, Pa., 1904.

In the above described monograph we have a complete record of no less than fifteen cases of pulmonary consumption, with details relating to the treatment, and charts showing in the most graphic manner possible how this formidable malady may be arrested and the patient restored to health.

The cases have been selected to illustrate what the author designates "curative treatment," and embrace such types as are easily recognized by the laity as well as the profession, and in view of the marvelous results attained by employing remedies in common use, the report is well calculated to mark an epoch in medical science.

Incipient cases occurring in both children and adults are promptly brought under control, sometimes within a week, the improvement being demonstrable by the only known infallible test—a microscopical examination of the mucous—confirmed, of course, by the subjective sensation of the patient.

Even "galloping consumption," which has hitherto resisted all methods of treatment is promptly arrested, fever subsides, cough and expectoration disappear, appetite returns, sleep is restful and refreshing, strength is regained,

and with increasing weight the patient takes a new lease upon life.

The efficiency of the treatment is here confirmed by the testimony of reputable physicians throughout the country, so that any physician of ordinary intelligence is fully qualified to take up the work, this being the most notable and comendable feature, whether viewed from an economic or humanitarian standpoint.

Indeed, there is not only an entire absence of proprietary claims, but Dr. Aulde is willing, and even anxious, to do everything in his power to arrest the onward march of this modern juggernaut, the great "White Plague."

Recorder readers may obtain a copy of this monograph free of charge of the author.

The Complete Portfolio of The World's Fair, St. Louis, 1904. The Sights, Scenes and Wonders of the Fair Photographed. The Finest Art Photographs of the Greatest Exposition the World Has Ever known. 9 1-2 x 12 1-2 inches. Nearly 200 Photographs. Price $3.00.

This is an elegant book of the great World's Fair at St. Louis. It contains nearly 200 half-tone reproductions of photographs of the Fair, showing the various buildings and peoples. Under each picture is interesting and instructive descriptive matter. The book is substantially bound and makes a beautiful and permanent souvenir and record of the Fair. By a special arrangement with the publishers we are able to offer this book with the Recorder one year and the premium labels, all for $2.00.

We give one thousand premium labels with paid-in-advance subscriptions to the Recorder.

BOOK NOTES.

"A Text-Book of Alkaloidal Therapeutics" is a new work just issued by Drs. W. F. Waugh and W. C. Abbott. It is the largest work ever issued on alkaloidal therapeutics. It will be reviewed in the September Recorder.

The success which has attended the publication of Medical Book News, the magazine devoted to the literature of medicine and the allied sciences, has encouraged the publishers to improve it in many ways. It is now published monthly instead of bi-monthly and is illustrated. Each number contains much interesting and valuable matter concerning medical literature and medical authors. Medical Book News is edited by George Sands Goodwin and published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. The subscription price is 50 cents per year. Our readers may obtain a sample copy of the publishers.

The leading articles in Suggestion for August are: "Ideas From Thinkers," "Appendicitis; A Simple Preventative," by Herbert A. Parkyn, M. D., "Life a Property of Matter," by Prof. Elmer Gates, "The Self Cure of Consumption," by Chas. H. Stanley Davis, M. D., "The Psychic or Sixth Sense," by Franklin H. Heald, "Human Auras and Psychic Possibilities," by Prof. Edgar L. Larkin, "Aphorism of Being," by Dr. Eugene R. Eliseu, "A Scientific Demonstration of Telepathy," by Henry Harrison Brown, "From Life's Loom," by Sara Louise Cowan, "Concentration of Mind and Physical Culture," by Prof. P. Von Boeckman.

Suggestion is a monthly magazine of psychology, edited by H. A. Parkyn, M. D., A sample copy may be obtained free by addressing, Suggestion, 4074 Drexel Boulevard, Chicago.

A timely article in the August Metropolitan Magazine is "At The Straits' Mouth," an excellent account of a visit to Tangier, the city wonderful of Morocco, by Charles Wellington Furlong, ilustrated from drawings and photographs by the author. A pleasing feature of the number is a series of drawings of the summer girl by Malcolm Atherton Strauss. James Huneker contributes "The Truth About Candida." One article worth the price of the magazine is "The Portraiture of Children" by Perriton Maxwell, illustrated with many beautiful reproductions of paintings by famous artists. The number contains a large amount of good fiction appropriate to the midsummer season. The Metropolitan is really a 35 cent magazine sold for 15 cents.

That Everybody's Magazine really has a big "scoop" in Thos. W. Lawson's "Story of Amalgamated" is shown by the first instalment of the series proper which is in the August number. The foreward was portentious with promises of startling disclosures. The initial chapters introduce the secret organization of Standard Oil and it's actual master, who is a person almost unknown to the public. It is a wonderful picture Mr. Lawson gives of the huge business machine which has its headquarters at 26 Broadway, New York, and he paints for the first time in his real colors, the man he declares to be the greatest business genius of the period, Henry H. Rogers. Then, with brutal directness, he decribes how in dividing the profits of the Amalgamated deal the biggest financiers in Wall Street were tricked and deceived like the veriest crowd of tyros. It is the most sensational instance of the double cross in modern finance. Vance Thompson presents some captivating pictures of the leader of Parisian society, the Duchess d'Uzes. Another brilliant writer, Charles E. Trevathan, describes the fascinating life of Saratoga in the racing season. Lindsay Denison tells several amusing political experiences in "Campaigning by Special Train." A very personal and interesting study of Theodore Thomas, by Charles E. Russell, is particularly worth reading.

The August McClure's Magazine opens with a novelette of child life by Frances Hodgson Burnett, whose "Little Lord Fauntleroy" has been generally voted the most wonderful child story ever written. This is the story of a little girl,, and to it Mrs. Burnett has brought all the charming fancy of her earlier efforts. In the short stories of this number the McClure fiction writers appear to the best advantage with a collection of rattling-stories, rattlingly told. But the number is not all fiction. Lincoln Steffens considers political conditions in another great state in his "Enemies of the Republic" series, giving to fact all the interest of fiction. This time he discusses "Illinois: A Triumph of Public Opinion," where after an eight years' political war, the Republican party has been brought to represent the people. Here he finds a Republican parallel to Democratic Missouri, and he tells the splendid story of the struggle of the people of Illinois for self-government and interprets it's significance in his usual convincing manner.

No mention of this number would be complete without comment on the beautiful work of it's illustrators. Jessie Wilcox Smith has done the cover and frontispiece, besides the illustrations for Mrs. Burnett's story, in colors. A. B. Frost, Karl Anderson, Thomas Fogarty, Maud and Genevieve Cowles, Wm. Jordan, Reginald Birch, and May Wilton Preston all make interesting and artistic contributions to the attractive picture list,

completing a most harmonious and altogether charming magazine.

A cousin of the President's, Maude Roosevelt, is, in the matter strenuousness, evidently a disciple of her distinguished relative. She contributes to the August Lippincott's Magazine the leading novelette, entitled, "Social Logic." It is a tale of gay New York and gayer Paris as it follows the fortunes of two attractive girls of good family, but small means, who drift together in a boarding house. In device and characterization Miss Roosevelt shows equal facility and feeling. She is at present finishing her studies for Grand Opera under Marchesi at Paris, and not very long ago her name appeared in the James K. Hackett theatre company touring in America. Such is her versatility!

The short stories of the month appeal both for their variety and liveliness. A clever and untimely tale by Eleanor A. Hallowell is caled "Old Home Week in Bohemia." Seumas MacManus contributes "The Sacrifice of Nabla." Vincent Harper, a Canadian writer, contributes a sprightly summer story of Bar Harbor doings under the title of "Appendix B." It contains an ingenious hit at the prevailing "appendicitis habit." A litle story by Emanuel Lissner is "A Piute Tragedy—or Comedy." The "summer widowers" and their invisible wives should not fail to read Mary Moss's tale called "Marooned." The Baroness von Hutten's third appearance in "Lady Moyle" stories is this time "About Isabel Ganning."

Two papers of unusual interest and charm come from popular pens: George Moore's finishing chapter of "Moods and Memories," personal and intimate reminiscences of his life in Paris; and a delightful Italian sketch by Maud Howe entitled "Ischia: A Tale of a Tour."

Modern Therapeutics.

TREATMENT OF CHRONIC ULCER OF THE LEG OF LONG STANDING.

By Horatio W. A. Cowan, M. B., C. M., Aberd.

At the beginning of the present year I was called to a woman, aged 54 years who had a chronic sloughing ulcer for 22 years, situated on the outside of the left leg, some ten inches long and three inches wide, with indurated edges and some thrombosis of the veins of the inside of the knee. Having first cleansed the ulcer with charcoal poultices for two days I applied wet butter cloth and then spread antiphlogistine over it after which cotton wool and a bandage were put on. This was done every day by the patient for four months. The ulcer is now quite healed over and the induration is all gone. She is able to resume her ordinary housework. I publish this case in the hope that it might be useful to others as Unna's paste and all sorts of methods have been previously tried. I may say that I have no personal interest in antiphlogistine. The Lancet, London, Eng. July 2, 1904.

A SPEEDY RECOVERY.

Dr. John R. Morley, Saginaw, Mich., writes, "I am happy to say that the Ambulatory Pneumatic Splint gave excellent satisfaction and had much to do in bringing about a speedy recovery from my hip fracture." This excellent splint is being used by an ever increasing number of our best physicians and surgeons with most excellent results. Those of our readers who have never seen this splint or used it should not hesitate to avail them-

selves of securing one at their first opportunity. They are sold or rented dependent upon the patient or surgeons wishes in the matter. The same splint is adjustable to all cases and being washable, may be employed any number of times in the accurate reduction and treatment of the various cases of fractures of the lower limbs. The advertisement of the manufacturer appear elsewhere among the advertising matter of our journal.

CYSTITIS.

Dr. J. Henry Dowd, in the Buffalo Medical Journal, says the treatment of cystitis should be carried on from the following standpoint: (1) the cause; (2) relief of distressing symptoms; (3) rendering the urine bland and unirritating; (4) control of inflammatory process; (5) general treatment. The cause must be ascertained but it is not necessary to search an inflamed bladder for tumor, stone, foreign bodies, etc., as with our present knowledge of the urine and a careful history of the case, the above named conditions are generally ascertainable. He mentions several hypothetical cases and gives the treatment to be followed.

Case 1.—Diagnosis, acute cystitis. No evidence of previous bladder trouble, stone, tuberculosis or the like, but patient has chronic gonorrhea.

Treatment.—After thorough evacuation of the bladder a lukewarm solution of silver nitrate, 1-16000, without the aid of the catheter, by the Ultzmann-Dowd syringe. Presuming the case becomes chronic, he prescribes a pill of hyoscyamus, belladonna and cantharidis every three or four hours, and two teaspoonfuls of uriseptin in the same intervals. A restricted diet has certain advantages. Irrigations should be continued about every third day increasing the strength of the solution gradually.

Case 2.—The patient has hypertrophied prostate, stricture of deep urethra, urine always contains large amount of pus, showing chronic inflammation of the posterior urethra, bladder and pelvis of the kidney. Condition has existed for years. Seventy-two hours after severe wetting of feet retention occurs. In attempting to relieve himself the patient breaks the catheter, a small piece being left in the bladder. The passage of the instrument serves to temporarily dilate the stricture, but in twenty-four hours acute cystitis develops. External urethrotomy with division of stricture and removal of foreign body; thorough washing of bladder with silver nitrate solution, and drainage; the following is prescribed:

℞

Ol. sant. albus, m. 15.
Uriseptin, dr. ij.

S—Every three hours in a glass of water.

NEUROTIC CONDITIONS IN WOMEN.

Prof. Chas. J. Vaughan, Chair of Gynaecology, Atlanta, College of Physicians and Surgeons, writes: "Neuralgia constitutes the great danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. I have found nothing so well suited to these cases as antikamnia tablets, administered in doses of

from one to thre tablets and repeated every one, two or three hours, according to the attendant's judgment. These tablets afford complete relief without fostering a drug habit and their exhibition is attended with no unpleasant after-effects. For the relief of painful menstruation there is no combination of remedies so generally successful as antikamnia and codeine tablets. Their sedative, analgestic and anodyne properties especially commend them in the neuralgic and congestive forms of this distressing affection."

PROSTATIC AND URETHRAL TROUBLES.

I have been using sanmetto ever since it has been before the medical profession. Sanmetto, as prepared only by Od Chemical Co., New York, has never disappointed me, but substitutes have. The scope of usefulness of sanmetto is much more, in my humble opinion, than has ever been claimed for it. In nocturnal emissions, resulting from self-abuse, I have found sanmetto very nearly a specific, as well as in all prostatic affections. For a number of years sanmetto has been my sheet anchor in gonorrheal troubles. It is one of the proprietary medicines that we could not well do without. L. L. Janeway, M. D., Whitewell, Tenn.

CATARRH OF THE BLADDER.

Dr. A. C. Marquis, of Collins, Mo., says: "Your sample of cystogen received and I tried it on a case of catarrh of the bladder with very disagreeable, ammoniacal odor of urine that had been giving me some trouble for twelve months. I gave the tablets with good results."

When you wish to get good suppositories, write Emil Reyer, Ph. G., South Bend, Ind.

BRIEF MENTION.

Dr. Towns' epilepsy cure has cured many cases of epilepsy. It's merit has been proven.

Send to Stearns & White Co., 187 Chestnut St., Chicago, for catalogue of pharmaceuticals.

Dr. W. Towns, Fond du Lac, Wis., cures epilepsy. If you wish to cure your cases, write him about them.

Rheumatol cures rheumatism, write for particulars to The Rheumatol Co., 272 West 11th St., New York.

The Van-Ness Cooper Co., 244 W. 23rd St. New York, issues an interesting catalogue. It is worth sending for.

If you wish to study optics, write the Golden Cross Eye, Ear, Nose and Throat College, 257 West Madison St., Chicago.

Fitchmul is a very useful preparation. It cures chronic bronchitis. Sample free of the Fitchmul Co., Concord, N. H.

Sal hepatica is a good uric acid solvent and laxative. Samples are supplied by Bristol-Myers Co., 277 Greene Ave., Brooklyn, New York.

Robins' pill cascara compound is a very superior product. Liberal samples to prove it's value may be obtained of A. H. Robins, Richmond, Va.

Now is the time to order your new road cart. The best is the "Geneseo" made by D. F. Sargent & Son, Geneseo, Ill.

Geranin compound suppositories are very useful in treating rectal diseases. You can get samples for trial of Emil Reyer, Ph. G., South Bend, Ind.

The best remedy to relieve hay fever is the extract of supra-renal gland. Adnephrin is a suprarenal preparation which is very reliable and is very stable.

Calicolo is highly recommended by good physicians in the treatment of tuberculosis. Write The Butler Positive Treatment Co., San Diego, Cal., if you wish particulars.

When the menses are suppressed from exposure or from colds, wet feet, the result of emotional excitement, or febrile conditions, if not complicated with organic change, but by a more pasive congestion, aletris cordial Rio, is a very reliable remedy. It is an emmenagogue, not abortifacient.

A hospital superintendent made a discovery the other day. For some time it had been noted that when phenacetine and trional were ordered they came in bulk—never in original packages. Finally, she ventured to suggest in giving an order over the telephone for trional that she would like it sent in the original package. The druggist demurred at first—said they could sell it cheaper in bulk. But the superintendent held to her point, and asked that it be sent in original packages. Finally the druggist admitted that the city asociation of pharmacists had entered into an agreement not to dispense trional and similar drugs in original packages. In other words, they had entered into an agreement to adulterate it, to open the package and mix with other drugs and sell all under the name trional. The druggist finally agreed to send it in original packages, if the hospital would agree to open them on arrival and put the contents in other containers, so that his standing in the

LISTERINE
IN
SUMMER COMPLAINT

The absolute safety of Listerine, it's well defined antiseptic power, and the readiness with which it lends itself to combination with other indicated remedies, are properties which have led many physicians to adopt Listerine as the antiseptic foundation of their prescriptions for Summer Complaint.

A 32-page pamphlet on this subject, containing many valuable suggestions for treatment, may be had upon application.

Summer Complaints
of
Infants and Children
Lambert Pharmacal Co., St. Louis

association would not be injured. In how many cities in the country is this going on? How many hospitals are satisfied to receive adulterated drugs when the evidences of adulteration are so plain. National Hospital Record, July, 1904.

In carcinoma phenadul should be applied twice a day by dry insufflation; in carcinoma of the uterus of rectum, besides insufflating the powder, tablets containing "phenadul" should be used: as it is never necessary to use morphine or cocaine to relieve the pain, the use of such drugs should be prohibited.

In cystitis, specific urethritis, etc., twenty to thirty grains of it mixed with one ounce of petroleum oil or glycerine and inpected two or three times a day will prove very satisfactory.

The above ointment is very serviceable during the period of desquamation in eruptive fevers, as it overcomes the itching and hastens the cure, also in gangrenous and putrescent leg ulcers.

To give vitality to the patient and strengthen his resisting power, Daniel's conc. tinc. passiflora incarnata should be prescribed in cases of typhoid fevor and malarial fevers. The first object of the physician is to reduce the tension of the nerves and enable the sufferer to enjoy refreshing sleep. This is the province of passiflora. It is prepared from the may-pop, vine and fruit, and is the most reliable sedaative and hypnotic known to the medical profession. In the treatment of morphinism, passiflora is being employed to exceptional advantage. By its use a rapid reduction of the opiate can be made, and several excellent recoveries have been reported recently.. It quiets, braces and equalizes the nervous system.

As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children, listerine possesses great advantage over other antiseptics in that it may be administered freely, being non-toxic, non-irritant and non-escharotic: furthermore, its genial compatability with sulphurs, elixirs and other standard remedies of the materia medica, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decompositon of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of listerine, Lambert Pharmacal Co., St. Louis.

The great value of pepto-mangan, Gude has resulted in many imitations being marketed. Some imitators place their spurious product in packages as nearly like the original as possible. An instance of this kind was brought out in the suit, recently won by Messrs. M. J. Breitenbach Company against Seigel, Cooper Company and Thomas H. McInnerney, of New York. These people had been putting up a mixture in imitation of the justly popular pepto-mangan, which they labeled pepto-manganat and which they were selling in department stores. It is gratifying to know that the courts sustain M. J. Breitenbach Co., in their claim that the term "pepto-mangan" is their property and that "pepto-manganat" is an infringement and its use on packages containg medicine is an effort to deceive and damages were also granted the plaintiff.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. VII. JANESVILLE, WISCONSIN, SEPTEMBER, 1904. NO. 9

LEADING ORIGINAL ARTICLES.

REMARKS ON CHOLELITHIASIS.

By Byron Robinson, Chicago, Ill.

When it is remembered that J. L. Petit, who issued a great work on the liver, in 1743, was the real founder and father of biliary surgery, it will be evident how young we are in the science of biliary surgery.

Courvoisier is the modern father of surgery of the biliary channels. A brilliant galaxy of men have contributed to make hepatic surgery a science —Senn, Riedel, Fenger, Kehr, Robson, Langenbuch, Winewarter, Tait, Simms, and others have made valuable additions. Th medical profession are faddists. Surgeons frequently swing to extremes. Biliary surgery today is done to excess, and it requires the best judgment and the finest skill to check it.

The greatest specialist in biliary surgery today—Hans Kehr—is the most conservative. He has learned that many cases of cholelithiasis should not be operated. The voice of the specialist alone can check the extreme swing of the surgical pendulum.

The progress of science occurs by epochs. When Kehr, Riedel, Robson and others were pressing gall-bladder surgery to the extreme, Kehr and others were proving by overwhelming statistics that more patients died than when given medical treatment only. This proved extra zeal in operating and defective judgment in selection of cases.

The last twenty-five years have

BYRON ROBINSON

taught the profession to make more accurate diagnosis, to discriminate more in selection of cases for operation, and to practice a more rational technique. I should judge that in general ten per cent. of calculus is ov-

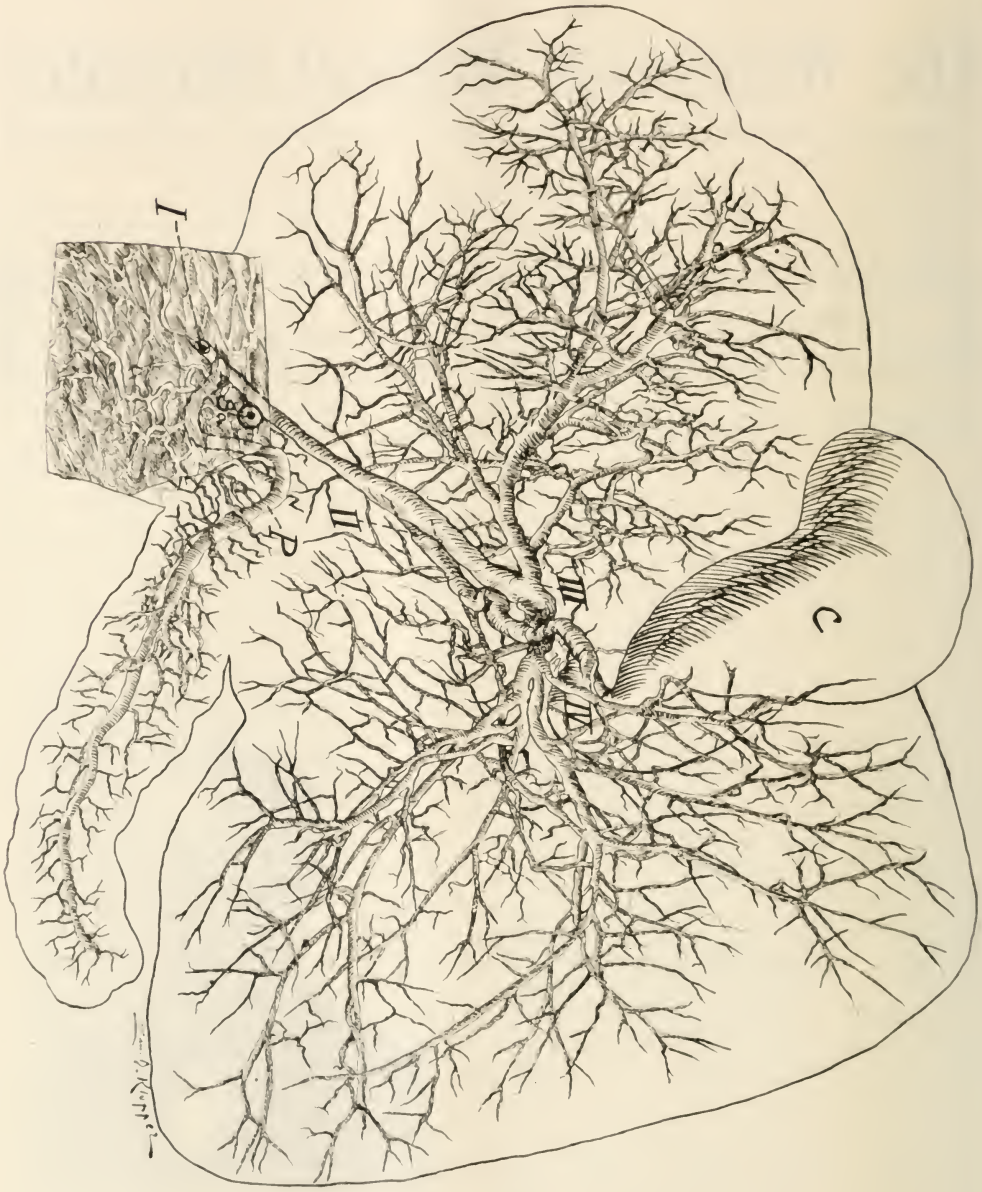

FIGURE 1.

FIGURE 1.—X-ray of ductus bilis and pancreaticus. The biliary passages were injected with red lead mixed with starch and X-rayed by Dr. Robert S. Gregg in Dr. H. Pratt's laboratory.

I to II, ductus choledochus communis; II to III, ductus hepaticus; II to IV, ductus cysticus; P, ductus pancreaticus pathologically dilated; Sa, ductus santorini, patent. C, gall bladder.

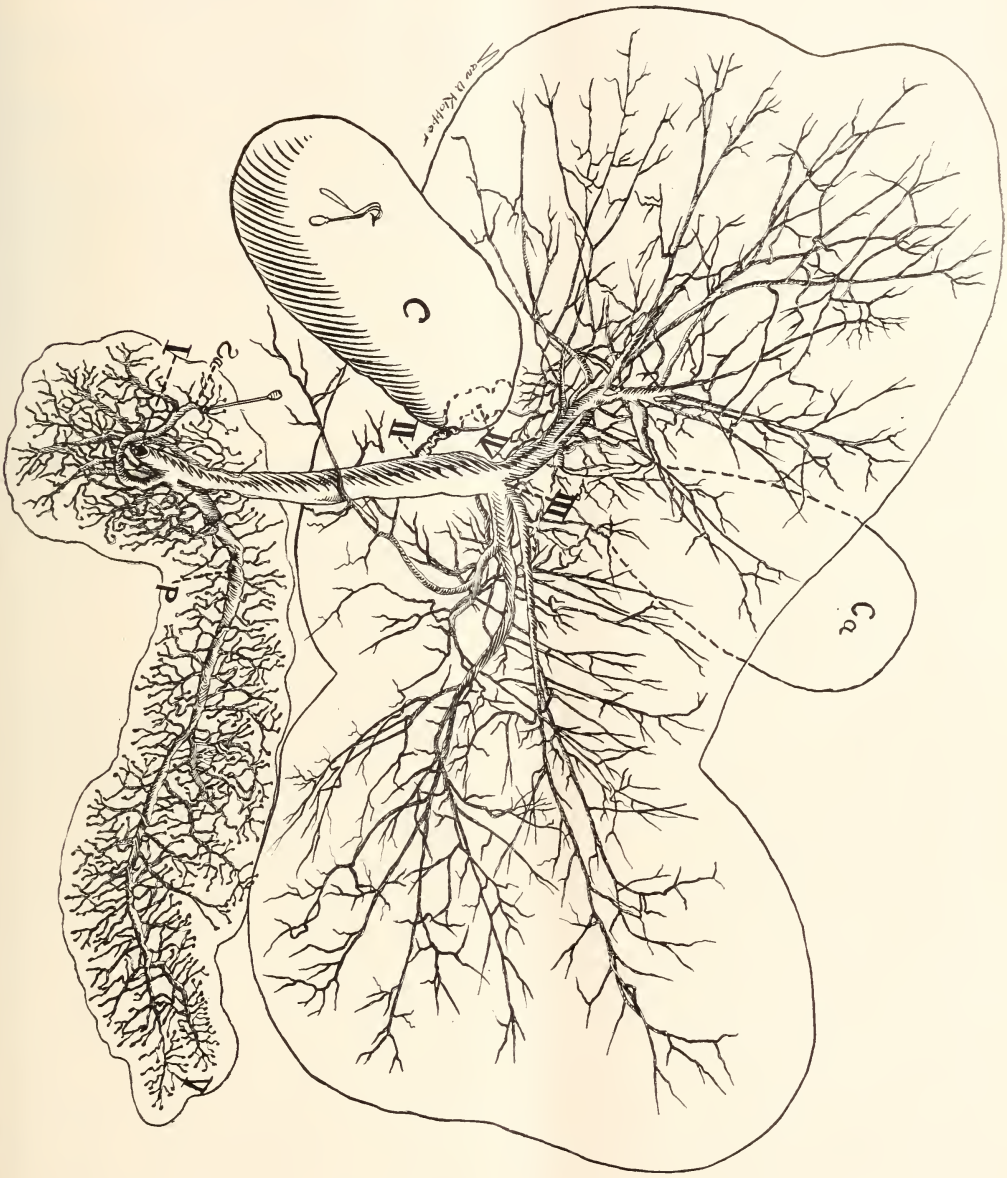

FIGURE 2

FIGURE 2—An X-Ray of ductus bilis and ductus pancreaticus. The subject suffered from hepatic cirrhosis cancer. The intra-biliary ducts do not extend to the liver margin.

I to II ductus choledochus communis, dilated; II to III ductus cysticus; II to VI ductus hepaticus; P, ductus pancreaticus; Sa, ductus santorini, patent. Ca, original location of gall bladder; C, observe the method of the santorinis duct in reaching the pancreatic duct.

erlooked in operation for cholelithiasis.

Improved X-ray technique will aid in locating the calculus more accurately. During the past year I have been utilizing the X-ray to illustrate the topography, number and extent of the extra- and intra-biliary ducts. So far as I am aware, this has not been done heretofore. The accompanying X-ray illustrations of the ductus bilis and ductus pancreaticus will doubtless be of interest to the busy practitioner. They are produced accurately from nature. Soon after the eyes of the medical profession were so intently focused on the biliary passages, it began to dawn on some that the dark field of the diseases of the pancreas could be cleared to some extent by the intimate, direct relation of the pancreatic duct with the ductus choledochus communis; that infectious waves ebbed too and fro from the biliary to the pancreatic duct, and vice versa. More study is convincing me that this view is defective. The diseases of the pancreas are more probably due to infections which pass from the duodenum through the pancreatic duct. The relation of the ductus pancreaticus is well shown in the cuts.

The excellent publications of Kehr, Riedel and Robson are teaching more accurate diagnosis and rational treatment of gall-stones. Studies of cholelithiasis, as prosecuted so presistently and successfully by Naunyn, of Strasburg, have revealed how frequently other diseases have been mistaken for cholelithiasis. We have many a time and oft confounded gastric diseases (dyspepsia, gastritis, colic, ulceration, gastroptosia) with hepatic disease. The proximal right quadrant of the abdomen is still a field for extensive cultivation. The field must be exposed by the post-mortem, the clinic and the operation on the living, and the final test—What is the effect of the operation?

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 294, August Recorder)

INFECTIONS OF THE LOWER EXTREMITIES.

The practitioner frequently sees various forms of injuries of the foot, and before leaving this subject I wish to consider briefly the treatment of such conditions.

Patients often consult regarding a punctured wound of the foot, and are in most instances much alarmed, where they have suffered such an injury, as it is common knowledge that such injuries are peculiarly likely to be followed by "lock jaw."

As the bacillus, which causes tetanus, is much more likely to develop where air is excluded, all these punctured wounds should be freely opened, and then it is well to apply some of the stronger antiseptics.

I wish here to call attention to the ease with which even a deep puncture may be followed to its extremity and the tissues thoroughly cleansed and treated with strong antiseptics with the aid of cocaine anesthesia alone, as many physicians at the present day do not seem to appreciate the value of this method of producing local anesthesia.

Where a patient presents who has stepped upon a nail or some sharp instrument, and has thereby suffered a punctnred wound, the foot should be thoroughly scrubbed, and then the tissues immediately about the puncture should be infiltrated with a two or four per cent. solution of cocaine, and a line-like infiltration should be made before and behind the puncture for one half or three-fourths of an inch, so that

the tissues may be slit open and perfect access to the infected tract be gained.

When the skin is benumbed by an injection of cocaine, the skin will become blanched, but there is no such a means of judging the effect of the injection upon the deeper parts and for this reason many men do not learn to use the injections successfully. If the cocaine is merely deposited without judgment in the neighborhood of the parts to be operated upon, unless it be a very strong solution, the benumbing effect may not be sufficiently extensive to permit of a painless operation.

A great many physicians and surgeons are very fearful of the effects of cocaine, looking upon it as a very treacherous drug. Many times when operations are performed under local anesthesia, patients become sick and the effect of the cocaine is given the blame for the illness and its accompanying alarming symptoms, when the cocaine is really entirely innocent of any such imputation. In fact, if one discriminates, they will find that they meet with very few cases of true cocaine poisoning, and as local anesthesia with cocaine is so peculiarly valuable to the practitioner, I wish to go somewhat into details in justifying this stand. Operating as I do in the majority of instances in various institutions where ample means are at hand for combating the toxic symptoms of an over-dose of cocaine, and having around me trained assistants, who can be relied upon to act promptly with me in the presence of an emergency, I am therefore justified in using such an agent as cocaine a little more freely than one would under less favorable circumstances. I have in a number of instances had patients develop the exhilerating symptoms of a full dose of cocaine, but have very seldom seen cases in which a weak rapid pulse, intense pallor, and other such alarming symptoms could be attributed to the cocaine, in fact, there is no more certain means of causing a patient to develop such symptoms than the use of too small an amount of cocaine. In other words where too little coaine is used the operation is as a result more or less painful, and the pain coupled with the fear are the factors which cause the symptoms I have previously enumerated to develop.

In following a narrow deep puncture if it is found that the first injection of cocaine has not entirely rendered the parts insensitive, the operator can stop during the course of the operation and inject either more cocaine or thoroughly distend the parts with water so as to perfect the analgesic effect.

Having followed a puncture to the bottom and rendered the tissues involved easily accessible, a strong antiseptic of some kind should be applied, of which the ninety-five per cent. carbolic is justly a great favorite with many. After a moment has elapsed, it is customary at the present day to mop the parts with alcohol to check the effects of the carbolic solution. The wound should then be packed with sterile or antiseptic gauze, and a protective dressing should be applied. The gauze should be removed on the following day, and as a rule if the antiseptic and aseptic precautions have been faithfully carried out, there will be a prompt healing of the wound.

I now wish to speak briefly regarding perforating wounds of the foot, with which it is not particularly unusual to meet. The importance of such a wound is in the presence of an infection, it is sometimes difficult to secure adequate drainage. A wound penetrating the foot will result in the injury to a greater or less extent of some of the bones of the foot. The shattering of a bone will in not a few instances result in the cutting off of the nutrition of one or more fragments.

FIGURE 1.

FIGURE 1—Illustrates the manner of securing through and through drainage in an infected perforating wound of the foot. Considerable difficulty is often met in these cases in securing satisfactory drainage. Before introducing the rubber tubing, all fragments of tissue of doubtful vitality should be trimmed away. All fragments of bone which can be readily detached should also be grasped by forceps and withdrawn from either the dorsal or plantar wound. Before introducing the drainage tube a number of large openings should be made in it so as to allow the free entrance in it of the wound secretions. While the drainage tube is in place frequent irrigations should be used. The irrigating solution can be actively antiseptic or merely aseptic. After each irrigation the foot should be enveloped in an antiseptic dressing.

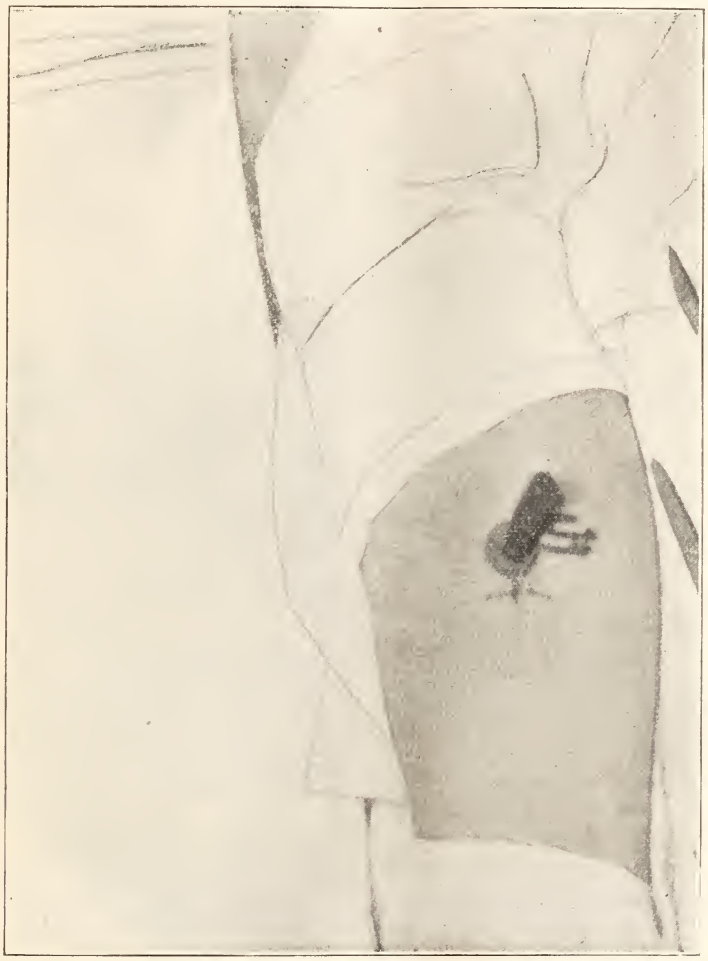

FIGURE 2.

FIGURE 2—We have here an infected wound of the leg, which has been treated by thoroughly scraping away all wound secretions and dead tissues. The wound extends through to the opposite side of the leg, and upon that side the wound has been freely laid open and left entirely open. The drainage tube extending into the depth of the wound allows the irrigating solution to pass entirely through the limb. As soon as the drainage tube is removed it will allow the fleshy muscular wound on this side to fall together and close. The tube will therefore be kept in place until the free suppuration has ceased. The sloughy margins of the skin have been trimmed away, and a suture has been applied not so much for approximating the tissues as for holding the drainage tube securely in place. The stitch must be cut before the tube can be removed.

This loss of nutrition coupled with an infection from foreign material carried into the wound is likely to result in the development of an inflammatory condition. To combat this condition free drainage should be secured. This free drainage is not easily secured in many instances. One cannot trust to drainage toward the dorsum or toward the sole alone. Both the wound of entrance and of exit should be kept freely open. As ganze does not drain pus satisfactorily, rubber tubing should be used. Before putting in the drainage, the wound should be thoroughly cleansed, and any bruised portions of tissue and fragments of bones whose vitality has been jeopardized should be removed. To accomplish this satisfactorily in the great majority of instances, a general anesthetic will be of an advantage. The drainage should be continued until any extensive inflammatory process has subsided, and until suppuration has been checked. The tubing can then be cut short on one side and the remainder drawn through the foot.

Following these injuries and compound fractures of the bones of the foot and leg, an inflammation may spread along the bone canal, involving the marrow and the bone tissue proper. Such a condition is known as an osteomyelitis and is to be treated by use of active antiseptics and by free drainage.

In some cases an osteo-myelitis develops where there has been no wound or external injury and in such a case it is highly important to correctly diagnose the condition, and not to mistake it for some febrile condition, which is not amenable to surgical intervention. Many patients have died as the result of a suppurative osteo-myelitis, which has been mistaken for some other disease.

(To be continued)

DELAY, NON-UNION AND OSTEOPLASTY IN THE PSEUDOARTHROSES.

By Thomas H. Manley, M. D., Ph. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

It not infrequently happens that from various local or general causes, a fractured bone is very slow in uniting, unites imperfectly, or at times, union totally fails. Sometimes a bone shaft which in some may unite solidly in a week, may again require several months before solid ossification has occurred. The cause of this is often very obscure, though at times it is apparent enough, especially when it is dependent on local conditions. I have recently seen a case of fractured tibia, that only solidly united after four years.

The anatomical conditions existing will readily explain why a patella fracture will generally fail of osseous union, and why an intra-capsular fracture of the femur in an elderly person defies treatment; but, there are many other fractures in which the delay or failure to unite is not so obvious. In general, there are no influences so inimical as those which impair the nutrition of the parts by impeding the circulation and restraining articular and muscular action, by too firm or too protracted bandaging or immobilization of the limb. And hence, why although possibly defective coaptation of the fragments may result in union, it will be much more rapid and the function in the limb will be more quickly restored by the ambulant mode of treatment; when practicable, by dispensing with splints as far as possible, or if employed, to remove them daily in order to massage the muscles and commence joint move-

ment. This may be properly designated: prevention of non-union by prophylactic treatment.

In many cases of delayed union, especially in the lower extremity, if we remove all adjustments, and get the patient up about on crutches, the loose fragments will quickly become firmly fixed and solid calcification follows. In some rebellious cases, fixation of the fragments, or subcutaneous fixation with ivory or metallic pegs have been employed with more or less success.

Delayed union when dependent on constitutional conditions may be treated with singular success, by internal remedies, combined with an improved environment, change of air, wholesome diet; specific remedies in cases of syphilis, the acids in scurvy, cod liver oil in scrofula; in the anaemic, iron, arsenic and the bitter tonics favor osseous repair by improving the general nutrition of the body.

M. Reclus, of Paris, has reported some remarkable results in cases of non-union after fracture, by the use of thyroid extract. He however confesses that in some cases it produced no effect whatever.

Radical surgery has come into vogue as an aid in hastening repair in some of the above classes of cases.

It would seem to have a place in those cases in which there are reasons to suspect the interposition of an aponeurotic or muscular structure being engaged between the fragments. But inasmuch as time is the chief factor to depend on in most of these cases, aggressive surgery is reserved for those only in which we despair of permanent union.

Other tentative measures have been employed.

NON-UNION PSEUDO-ARTHROSES.

Occasionally, though very rarely, there have been found complete failure of union after a closed fracture of a bone shaft. Fortunately, no cases of union of a shaft have ever occurred in my own practice. They certainly are very rare. In more than 5,000 fractures I have never seen one.

The most common example we have of non-union of the fragments, a false joint in a joint, as it were, is in intra-capsular, at the hip or neck of the femur, which are notably frequent in elderly females. Union here, notwithstanding the great number of ingenious devices to obtain it, is so unusual as to constitute an exception to the general rule. But one such case I have seen. After recovery from this defect, a fair degree of locomotion is recovered in elderly people. A case of intra-capsular fracture came under my care some years ago in a lad of 18 years. The fractured neck necrosed, an abscess formed and was opened. Through this the decayed head of the femur escaped. This young man was injured by being thrown out of a store on to a flagged sidewalk by his master.

Six weeks after the limb was placed in an adjustment, he developed symptoms of hip-joint disease with symptoms pointing to suppuration. On making a free incision and entering the joint anteriorly, a large quantity of pus issued forth. Passing the index finger through the capsule, the loosely detached, necrotic proximal fragment was felt and easily lifted out, preserving no attachment with the ligamentum teres. The young fellow then rapidly recovered the full use of the limb with three inches of shortening.

In the non-union of bone shafts it is curious to note how the tissues at the seat of fracture often take on many of the anatomical characters of a true articulation.

Beranger Ferand designated some of them as "pseudo arthose fibro-synovial." A spurious articulation is organized, with a ligament and synovial membrane, and with a cartilaginous

lined osseous surface. (Duplay et Reclus. Vol. II, p. 288.)

Schwartz has recorded such a condition, found in the radius of a subject on dissection. Festal one also of the united humerus.

Duplay records several examples from various authors.

John Hunter claimed that true cartilage was quite invariably deposited over the smooth surfaces of un-united bones. One would expect that when this takes place ultimate union of the fragments would be highly improbable. But, Boudiere's experience would seem to controvert this view. He records an instance of delayed fracture of the tibia, in which the ends had smoothed over by cartilage, and yet by active use of the limb ample irritation was provoked to ultimately effect complete consolidation of the fragments. Broca has reported a similar instance wherein the olecranon was involved; this proving that though the osseous surfaces round off and cartilage-covered, yet osseous union is not impossible.

Ample irritation by grattage or deep injections of some sort of irritant sufficient to provoke proliferation of granulation tissue, which later becomes infiltrated with the bone salts, is what is called for. This, with partial immobilizing of the fracture should lead to a species of physiological anchylosis, similar to what follows under various, pathological conditions in any articulation of the body.

Tentative and simple expedients should be perserveringly tried in all cases before the more radical measure of bone section is undertaken; perservering determination on the part of the patient is a factor of inestimable importance in many cases.

OSTEOTOMY AND OSSEOUS RESECTION IN NON-UNION OR PSEUDO-ARTHROSES.

White, of Manchester, Eng., was the first who successfully performed osseous resection for false joint.

Osteotomy has since been utilized with varying results for pseudo-arthroses. The records of surgery plainly show that the expectations anticipated from its employment have not been, on the whole, as great as were hoped for.

Grosse—Gaz. Hebd. mai. 24, 1900—records a case of pseudo-arthrosis of the tibia, cured by the graft of a section of bone taken from a freshly amputated limb. Several other measures had been vainly tried, all failing. A radio-photograph showed complete union. The full action and strength of the limb had been restored.

Senn (The Philadelphia Medical Journal) Oct. 27, 1900, has recently recorded a noteworthy instance of successful osteoplastic-surgery, in a pseudo-arthrosis with loss of bone substance in the tibia of a boy of 11 years, in which case the hiatus was filled in by the transplanted patella-homologous transplantation.

It was soon learned that this is a procedure not to be lightly undertaken, that in order to realize satisfactory results, both skill and experience were required of the operator; it was also found that there were certain shafts which promised better results than others; moreover, the procedure has a mortality.

Bruns, in 1886, published his results of osteotomy and resection for pseudo-arthroses. In 75 operations for this condition, in the smaller shafts, there were 50 cures and 25 failures.

Duplay commenting on these statistics, observes that, "notwithstanding the resources of modern surgery, this operation on the femur remains one of the most formidable in surgery."

Non-union of fractured bones is generally dependent on local conditions. In the patella, separation of the frag-

ments is the cause; in intracapsular fracture of the femur, the proximal fragment is deprived of an ample vascular supply. In the great number of other cases loss of bone substance, a local necrosis and a fistulous discharge may ensue.

We will meet quite a few of instances of imperfect union in those fractures which have been wired; the parts, first closing in will perhaps later, corrode the wire provoking suppuration with a wide-spread inflammatory oedema of the tissues. On a casual examination one would assume that union is perfect; but frequently there not only is no union, but a necrotic state of the ends of the fragments.

In the ideal "cushion-joint" or pseudo-arthroses, in the leg, there is usually a loss of bone-substance in one shaft, and that quite invariably the tibia.

When we bear in mind the special characteristics of leg-fractures, we can understand how this occurs.

There has been an open fracture with shattering and loss of substance from the exposed tibial-shaft. While the fibula if likewise fractured is intact and unites well, its length and symmetry being restored; but with the tibia there is a gap, the united fibula preventing the divided ends to come together.

With a fractured femur sustaining a loss of from two to four or more inches of its shaft, we do not encounter this difficulty, as there is no parallel bone to prevent the compensatory contraction of the muscles and shortening up of the limb, equal to the extent of the bone lost.

This same compensatory retraction is a phenomenon, let it be well remembered, which also occurs with loss of bone substance in the thumb or fingers, when part of a shaft is sacrificed or an entire joint.

Those cases of so-called non-union of the tibia when there is loss of bone substance from a trauma, are, as a rule, the result of defective or antiquated surgical technique; of a want of knowledge or disregard of modern osteoplastic methods after a mangling of the limb.

But, assuming a false joint is here, how shall we deal with it in the adult? Dr. N. Senn has personally reported a case to me of this character, in a middle aged man in whom he entirely succeeded in filling in the breach and effecting solid union of the shaft by homologous bone grafting; but, this seldom succeeds when the loss of bone is considerable.

Heterogenous grafting for this defect has been tested by various authors with very frequent failure. Filling in the gap by embedding foreign materials is useless. We are then thrown back on something definite in its effects which should have been availed of in the beginning as a primary osteoplastic procedure; we must shorten the limb by removing sufficient of the fibular shaft to permit of the freshly sawn divided surfaces of the tibia to come easily together and be firmly wired. In this instance and all others, in which the wire suture is employed, it must be removed as soon as the muscles have contracted and fixed the fragments, before the wound is closed.

TUBERCULAR CONDITIONS.

Dr. Gilbert of the Faculty of Medicine recommends in tubercular conditions:

℞
Creosote,
Iodoform, aa grams v.
Powd. licorice, q. s. ad pills lxxx.

Two pills with each meal and two at night.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 254, July Recorder)

In doing X-ray work we have a great deal of resistance to overcome, and in order to do it we must increase our electro-motive force, and that is accomplished by using some of the various forms of generators or transformers, that will give us a high voltage and a small amount of amperage. There are several types in existence that have more or less advantages according to the work we wish to do.

There are three distinct types upon the market to choose from, as the static machine, transformer, X-ray coil or Ruhmkorff coil, as it is usually called and the high frequency. Any of these types may be used to produce the Roentgen ray. Static machines exist in three distinct types, and many are compound in construction.

First the Wimshurst, a true friction type of construction, depending upon the well known physical principle that if we heat a metallic substance unequally, an uneven molecular motion is set up that gives rise to a current of electricity, which is prevented from flowing from the metal by suitable means which cause it to produce polarity, and it is the latter that is the essential element in all types of static machines. As soon as polarity is produced the induction principle is utilized to maintain the machine in action, and it is this element that never seems to be comprehended by many operators. Our space is too short to take my readers to the sun as the course of all electrical phenomena, but briefly stated, the sun is sending out into space a shower of negative particles traveling at an inconceivable speed that pass through all space and matter, carrying heat, light and chemical action throughout the confines of space. The energy is absorbed only when it comes in contact with a polarized surface, or a suitable conductor. It passes on through the earth and again out into space, giving rise to the mysterious force called gravity.

If this shower comes into contact with a polarized surface the particles are attracted towards it at a terrific velocity, delivering their energy when suddenly arrested, and transformed into a form of motion that may be appreciated by the human sense. A generator simply arrests this shower, and directs it along useful paths by carefully insulating it from the earth, which will conduct and absorb both positive and negative forms of motion.

In order to attract as many as possible of these particles from their path, it is necessary to have a very strongly polarized surface, and keep the polarity changing incessantly or we will be unable to generate much current. In the Wimshurst machine we have what is called a two way machine, the plates revolve in opposite directions. Each plate is covered by metallic discs very close together, upon which stiff brushes are allowed to play, while the machine is in operation. The repeated blows of the brush upon the metal sector develop a local heat due to friction. The heat gives us polarity and the polarity is accentuated by attracting the surrounding polarized particles at an increasing velocity, and by proper insulation to prevent leakage we may maintain polarity. When we have the plates polarized the induction principle is relied upon to give a steady flow of current, and we revolve our plates in order to cause the molecules of a plate to move under

the polarized strain, and thereby attract and repel these moving particles in the surrounding medium upon their surface, their energy is absorbed and carried around to the collecting combs, when a brief tension takes place and they flow to the point of least resistance.

All static generators are susceptible to the amount of vapor held in suspension in the atmosphere. The Wimhurst is the least susceptible of any of the types of machines, owing to the increased friction surface and unless the air is actually saturated with moisture they can be depended upon to work.

The plates revolving in opposite directions give a greatly increased output of current for a given speed, also the fact that each plate is an independent generator to the output. Unfortunately no mechanical means have been found to construct them in sufficiently large units to make them a formidable competitor in X-ray work.

A large manufacturer spent several thousand dollars trying to solve the problem by means of belts, but the annoyance was so great that it was decided to discontinue their manufacture, and about the only use for them at present is in the physical laboratory, and for use in giving the initial charge to the next type of machine we will consider the Holtz type.

The Holtz type depends upon the inductive principle for its operation, and for that reason some provision must be made to give the initial charge, and that is done in practice by sealing into the case one section of a Wimshurst machine in order to utilize the friction principle when the machine is started, a turn is given to the small Wimshurst and as soon as a spark passes the large machine is polarized and the small machine is disconnected, as it is of no further service.

Tinfoil or goldfoil sections are posted opposite the collecting combs upon the stationary plates in order to retain a charge if the machine is stopped for a few minutes, but serve no other useful purpose.

The Holtz type has revolving plates without sectors and have very large storage plates connected with it, placed in pairs between the revolving plates. Their large capacity develops nearly twice as much current plate for plate, at the same speed of any other upon the market, while the absence of condensors causes the generation of the current to be smooth and even, doing away with the disagreeable stinging and burning characteristics of the Teopler-Holt.

All of the machines upon the market are of a high class workmanship and have only one drawback to contend with. They are very susceptible to the amount of vapor in suspension in the atmosphere and require some means to absorb the moisture to be used at all times.

(To be continued.)

CHRONIC GASTRIC CATARRH.

By R. L. Meek, M. D., Dallas, Texas.

Prof. Operative Surgery, Bell Medical College, Dallas, Texas.

DEFINITION.

A chronic catarrhal inflammation of the stomach, with thickening of the coats and atrophy of the gastric glands, characterized by tenderness over the epigastrium, painful and imperfect digestion, thirst, depression of spirits or melancholia, and impaired appetite.

CAUSES.

Habitual and excessive use of spirituous liquors, tea, coffee, the free use of ice water, repeated attacks of acute gastritis, improperly prepared or unsuitable food, irregularity of meals, imperfect mastication, tobacco chewing,

malaria, diseases of the heart, lungs, kidneys, liver, pleura, cancer or other degenerative diseases of the stomach.

SYMPTOMS.

The persistent symptoms of indigestion, are the first indications of the disease, such as loss of appetite, disagreeable gnawing feeling and at times fullness in the stomach, tenderness over epigastric region but slightly influenced by eating, prominence of epigastrium from distention by decomposing gases, occasional nausea and vomiting after meals of undigested food, or, when the stomach is empty, of colorless fluid. A colorless vomit, connected with symptoms of long-continued indigestion, is always characteristic of chronic gastritis. Tongue is generally heavily coated, thirst is often constant, water and more frequently stimulants being craved; burning at pit of stomach is very common; pain after meals; the bowels are constipated; high-colored urine. In advanced cases you will find feeble circulation, and depression of spirits amounting in many instances to delusional melancholia; sleeplessness is persistent. Follicular pharyngitis adds to the general distress of the patient. The imperfect digestion causes more or less loss of flesh, the muscles relax, and the skin feels dry and harsh, with a dirty-pale color, and not infrequently cutaneous diseases develop.

PROGNOSIS.

Complete recovery is infrequent, however great amelioration of the symptoms occur with guarded diet and mode of living.

TREATMENT.

The first indication is to correct the indigestion, which is the most pronounced symptom; to accomplish this, regulate the amount and character of food used, avoiding fatty, saccharine, and starchy articles, or highly seasoned food or stimulants. A milk diet is very beneficial, to which may be added beef, mutton, chicken, poached or raw eggs, string beans, green peas, celery, and asparagus. One hour before taking any food the patient should sip slowly half pint of water at 110 to 150 degrees F. The hot water should be taken before retiring also.

The second indication is to correct the ever-present constipation, and clear the stomach of the tenacious mucus which neutralizes whatever gastric juice is secreted. The natural mineral waters are very appropriate, such as Bedford Water, Saratoga, Hunyadi Janos, or,

℞ Sulph. magnesii, gr.c.
Sodii et potass. tart, gr.xl.
Acid tartaric, gr.xx.

Dissolved in glass of water and drank, effervescing, an hour before breakfast.

An excellent purgative and promoter of peristalsis of the stomach is:

℞ Ext. cas. sag. fl., ʒi.
Glycerine, ℥ss.
Tr. nux vom, ʒss.
Aq. chloroformi vel inf glycyrrh, ℥i.

M. Sig: One or two teaspoonfuls after meals, well diluted.

To cleanse the stomach of the tenacious mucus and stimulate the action of the glands, lavage or irrigation of the stomach with warm water medicated with salt, bi-carbonate of sodium, or boric acid is useful.

For the irritable condition of the mucous membrane, associated with poor appetite and slow digestion, good results will follow strontii bromidum, 15 grains, well diluted before meals.

The morbid condition of the stomach can generally be remedied by using liq. pot. arsen., 1 to 3 minims, before meals, or bismuth subnitrate, 15 grains, one hour before or three hours after meals.

Argenti nitras, ¼ grain, or argenti

oxidum, ½ grain, in pill before meals, or acidum hydrochloricum dilutum, 12 minims, in water before meals will be found to be useful remedies.

If pain is so prominent that you must resort to some means for relief, use belladonna in small doses, or, cocaine hydrochloras, 1-6 grain, after meals. The use of opium is sometimes required.

To aid digestion the following will give you satisfaction:

℞ Pepsini (cryst) gr.lx.
Ac. hydrochloras dil., ʒ.iv.
Glycerine, ʒ.iv.
Strych. sulph., gr.ss.
Aq. chloroformi, q. s. ℥.iii.

M. Sig: One teaspoonful in water at meal-time.

Advise patient to not exercise mind or body to excess. as that is an important as rest of the stomach.

HOW TO WRITE, FILL AND DISPENSE PRESCRIPTIONS.

By Ralph St. J. Perry, M. D., Farmington, Minnesota.

A Lecture Delivered Before the Senior Class of the College of Homeopathic Medicine and Surgery, University of Minnesota.

(Continued from page 298 August Recorder)

Suppositories and Bougies are practically identical except in shape, the former being short and thick and the latter long and slender. They may be prepared from cocoa butter, gelatin mass, glycerites, or a mixture of wax and vaseline and shaped according to their proposed use in aural, nasal, rectal, vaginal or urethral cavity, or in sinuses. Usually the mass is warmed or melted and shaped in moulds, though they can be rolled out and shaped by hand when cold or semi-cold. Suppository presses are in use also. Where solid extracts are to be incorporated in a suppository or bougie mass always use either the alcoholic or aqueous extracts as the powdered extracts will not diffuse throughout the mass.

Collodions have recently sprung into prominence as protective applications, and are classified as simple U. S. P. flexible and medicated. The U. S. P. has the disadvantage of causing "cracks" in the skin to which it is applied for any length of time. The flexible form is U. S. P. collodin to which a small portion of turpentine and castor oil have been added, thus increasing its protecting ability and destroying its tendency to crack the cuticle. Medicated collodions consist of flexible collodion to which drugs soluble in ether or alcohol have been added as required.

Plasters may be plain or porous (perforated), and may be spread on kid, cotton cloth, flannel, etc. The plaster mass consists usually of gums and resins mixed and melted with enough oil to form a mass. Adhesive plasters are strong cloth covered with mucilaginous, resin, rubber or oily masses according to the demands that they adhere by moisture, heat, or be self-sticking.

Papers. Where it is desired that the patient inhale the fumes of a burning drug it is often mixed with a 20 per cent. solution of pot. nitras, and blotting paper is saturated with the solution. When dried the paper can be burned as needed. The mustard papers sold in drug stores are merely sheets of absorbent paper coated with a mustard paste and are used as counter-irritants.

Poultices. The poultice is a family remedy of long standing and good repute—notwithstanding the disapproval of the promoters of certain proprietary substitutes. The common poultices are flaxseed meal, cornmeal, bran, and bread and milk. Flaxseed retains its heat for hours at a time, cornmeal and bread and milk generate heat by fermentation, while bran has the advantage

of being lighter in weight than others, always at hand on the farm and usually clean. Hot clay is a good poultice where other substances cannot be had. The "all flowers" poultice (fresh cow manure) has produced wonderful results "where all doctors failed." In applying poultices see to it that they are large enough to cover the spot and thick enough to retain their heat for some time. Never lay a poultice mass directly upon the skin; spread it upon half of a towel, handkerchief or cloth and fold the other half over the mass, thus securing a protecting layer of cloth between the skin and the poultice. In poulticing the ear fill the external canal with warm oil and lay the poultice over the ear; the oil will carry the heat into the inner ear. Poultices may have added to them such medicaments as may alleviate pain or otherwise assist by being absorbed through the skin.

Fomentations are applications of hot medicated solutions—usually infusions, teas, etc., by means of saturated or wetted cloths. A porous woolen cloth is best for this use.

"Salts." There are a number of "salts" on the market which are merely the solid residue left after evaporation of medicated spring water; those most frequently used are the Carlsbad, Vichy, Kissengen, and Crab Orchard. The effervescing salts are artificial preparations containing any dry drug mixed with a powder composed of soda bicarb and acid tartaric; the granular appearance is secured by moistening the mass with alcohol, passing it through a sieve and drying in a current of warm air.

Aerated Waters. The taste of many drugs, especially oils, can be disguised by giving them mixed with aerated water, which can be purchased in the form of siphon seltzer, soda water or pop at saloons, drug stores, confectioners, etc.

Baths. The medicated bath is popular with many people, especially those who have served time in some sanitarium or health resort. There are hundreds of forms of the medicated bath and they can be fixed to suit the requirements of any disease or purse. A "bath" calls for thirty gallons of water or other liquid and in compounding your ingredients bear this bulk of vehicle in mind. One of the simplest ways to give medicated baths is to use a medicated soap and plain water, which latter may be perfumed or colored for the psychic effect. Soap may be medicated extemporaneously by adding the drug to powdered soap, green soap or to a soap mass made by digesting castile soap in water. Where a good free lather is wanted use cocoanut oil soap as a vehicle for the medicament.

After having decided by which one of these various methods you will order your remedy into the body of your patient you can complete your prescription. After the inscription comes the subscription or the directions to the pharmacist. This starts with the abbreviation M, for the Latin word "Misce," meaning to mix, and then directs the preparation of a solution, mixture, a certain number of powders, pills, capsules, tablets, etc., or an ointment, plaster, suppository, bougie, or other form of preparation. Always make your directions to the druggist plain and explicit, so there may be no mistake as to your desires or intentions. If you desire any special "stock" labels attached to bottle specify the kind, as poison, shake, keep cool, external use, etc. All druggists keep these on hand and their use calls the special attention of the nurse or patient to their meaning. In view of the facts that many people look upon rectal, vaginal and urethral injections as internal applications, and that an "external-use-only" label is hardly appropriate, I have de-

vised a new wording for a stock label to read

NOT TO BE SWALLOWED.

which can be attached to all forms of medicines not intended for administration per orem. In view of the fact that most physicians and druggists possess a very limited knowledge of Latin it is best to write all directions in very plain English . The only exception I would make to that rule is in the word "poison." Owing to the cosmopolitan nature of our population there are many people who do not understand the meaning of the English word and I have for years made it a rule when prescribing any poisonous drug for a foreigner to write or print the warning word in his own language upon the label. The following list will cover most of the nationalities you are apt to meet in the northwest:

English—Poison.
German—Gift.
Norwegian—Forgift.
Swedish—Surgift (soor-gift).
Danish—Forgift.
French—Poison (poizhon).
Italian—Pozione.
Finnish—Myrkkya.
Polish—Trucizno (tru-chizno).
Bohemian—Ved.
Croatian—Ttrov.
Hollandish—Vergift.
Icelandic—Eitur.
Hungarian—Vad.
Lithuamian—Nuodai.
Russian—Отрур.
Slavenic—Strup.
Spanish—Veneno.
Welsh—Gwenwyn.

The signature, prefixed by the abbreviation "Sig.", consists of the directions for the patient which the druggist is to copy upon the label. Always write directions fully and plainly, avoiding abbreviations and technical terms, and see to it that the druggist copies the directions as you have written them. Never rely upon any verbal instructions to the patient and merely writing "Use as directed" on the prescription; patients and messengers are too forgetful. If necessary, when directions are lengthy, write them upon a note or letterhead and have the container labeled "Use as directed in letter of instructions." Such letters of instruction are of valuable assistance where there are special orders as to diet, sleep, baths, changes in method or frequency of administering remedies, etc.

Next comes the signature of the prescribing physician, and it is always a good idea to sign your name with your degree of M. D. appended (if you have it), as many non-professionals pose as "Doctors." After you have become so firmly established in the profession that your name and reputation are well known then you can fall back upon your surname or initials. Finally, and always, date your prescriptions and attach thereto the patient's name, initials or case number, so that the prescription can be identified at any subsequent date. More than once it has been desirable to establish the relation between a patient and certain prescriptions, but without any definite marks of identification such relation could not be determined.

(To be continued.)

CHARACTER. WHAT IS IT?

By J. W. Crismond, M. D., Anderson, Ind.

Character is what a person is, and reputation is what he is supposed to be. Character when good is the most valuable asset that man can possess, and it can with perfect propriety, be compared with the delightful odor of the most fragrant flower. Every flower possesses a character peculiarily its own, and so does man. Sometimes this is at-

tractive and of value, while at other times it is repulsive and worthless. This depends somewhat upon how it has been nurtured and reared in life's nursery. Character greets us at the cradle and bids us adieu at the grave. There is as much difference between the value of characters as there is in the aroma of common dog-fennel and the American Beauty rose.

A flower is beautiful in proportion to the perfect symmetry of its corolla, petals, stamens, brilliancy of its colors, and the sweetness of its exhalations. Character is valuable in proportion to its symmetrical graces which are developed passim et pari passu. The character that bears a resemblance to a crazy quilt is of small value and of little force, however dazzling to the eye some of the patches may appear.

As the fragrance of the flower depends sometimes upon the soil and environment in which it is grown, so is character influenced by the medium in which it dwells. If the conditions are such as to constantly appeal to the refinement, it must per force partake of that which makes for better and grander ideas of life. This is just as natural as it is to breathe, for every fiber and every faculty of our nature are constantly being fed upon that which is uplifting and ennobling to every impulse of our being. Out of this must grow nobility of character, moral Utopianism, divinity of purpose, and perfection of manhood.

Character is not an exotic to be potted and kept in a green house to be exhibited for its beauty alone, but it is of a sturdier genus adapted to battle with the adverse trials, temptations, and tribulations of life, only to grow stronger and brighter for its experience. There is no other element in the whole realm of man's nature that is so potent in its seductive power for good or bad, for when character is backed up by an indomitable will power it brooks no defeat.

Character is either our stanchest friend or our implacable enemy. If good, it is a sure and steadfast passport to every desirable avenue of life. On the other hand if disreputable, it is an implacable barrier to our preferment in all phases of business and social lines. Especially is this true where character alone is the sine qua non to our advancement. Money and position play an important part in the drama of life, but these can not give value to character, and after all their influence is ephemeral, whilst character is perennial in fame and infinite in duration.

True and noble character admits of no shading or blending of business or professional methods, and, indeed, it is a stranger to double dealing in any avenue of business. You may, of course, secure the business, but it is done at the sacrifice of character, and the penalty here is greater than the profit. He who subscribes to certain professional ethics and thereby obligates himself to live up to their pronunciamento, but at the first opportunity that offers, when there is a dollar in sight, either clandestinely or openly violates his sacred trust, has already parted company with good character. He may appeal to his warped conscience backed by an insatiable greed and sordid selfishness, may sanction his acts, but nevertheless he has ignominiously repudiated character. It is needless to say, Ananias did not have a luminous character to part with.

How fortunate it is that "character makes the man," instead of man with his dress and address, livery, blandishments, and residence making the character. If it were the reverse what an ignoble assortment of "gold brick" characters there would be thrust upon us for the genuine article.

All institutions of merit are founded

upon sound principles of good character, but how often it is a lamentable fact that those beneficient organizations are made the redezvous for the characterless ones who seek shelter there in order to better conceal their true natures that they may with more ease and greater opportunity carry on their schemes of gain. We find these same characters posing, at certain times and under certain conditions, as the very personification of all that is ethical and of high character. Some one has said of such that they are "veritable wolves parading in sheep's clothing." Should you think this language too strong or that the picture is over-drawn, please cast your mental horoscope in the direction of the handy "club dock," for thus he is dubbed, and a first rate sobriquet, as it fits the character neatly, and you will admit the truthfulness of the picture.

Character vaunts not itself, neither is it puffed up, for its true value is known and applauded by all men, as that element of man's nature which is founded upon sound principle and lofty ideals. It is the essence of all that is noble and true, knowing no falsehood, antipodal to hypocrisy, and is a stranger to slander.

Character dwells in peace with righteousness in Nature's Ambrosial Elysian fields, blessed with circumambient atmosphere freighted with the delightful fragrance of an honored record, the fruitage of a clean life full of noble deds.

The following formula is useful in gastric ulcer:

℞

Argenti nitratis, gr. v.
Tr. Opii., ʒi.
Aquae anisi, ℥iiss.

M. et S. One teaspoonful three times daily.—Thompson.

THE LENGTH OF LIFE.

By William S. Birge, M. D., Provincetown, Mass.

Superintendent Ocean View Sanitarium, Provincetown, Mass.

"Is it possible to predict the probable duration of one's life?" Having put this question we must consider that inherited tendencies, habits of living, occupation, observance of sanitary laws, and residence all have a direct bearing on the question of probable longevity. Acute diseases, bad habits, excessive indulgences, unfavorable residence, all have a life-shortening influence. In all forms of life we must find some substance in common in which life inhered and upon which life must depend. In plant life there are structures not found in animal life, and in animal life there are substances not found in plant life, but in all forms of life there is a secretory tissue. This is the only substance common to all living things. This also has its lifetime, and when it ceases to exist life becomes extinct. This secretory tissue is the only kind of substance which is transmitted from the ancestors, and, therefore, it contains in itself all the ancestral influences which are transmitted. But there are different kinds of secretory tissue, and different proportions of each, so that the duration of life is a variable quantity. The different organs of the body are not a unit, but aggregations, and one might die and end the individual's life, while others might live to an advanced age. Yet a short-lived organ may not be essential to general life. A life is always a combination of inherited influences, some of which may be of a kind to reduce the general inheritance below that of the ancestral stock. Current conditions seldom produce a better result than fairly belong originally to the individual. It is not unusual

to remark that a person inherits red hair from the mother, or a dark complexion from the father, and so on. Why, then, not inherit the stomach from one parent, the liver from the other, and similarly with other organs? One brother resembles in outward appearance almost entirely the mother, a sister the father; if so without, why not within? A great-grandfather died of heart disease at seventy-six, a father at sixty-five. A son resembling his father might rightfully infer that he would die still younger of the same disease. But instead of calling it a disease, call it the natural life shortened by a weakness in the paternal ancestry. "Like caused like."

"Can the constitutional inheritance or lifetime of organs be discovered by external appearance?" To this question Dr. M. Morris, the examiner for one of the largest life insurance companies in the world, answered: "Certainly, in the majority of cases. In the first place, by studying the physiological relation of the organs of the body and their mutual influences; second, by observing the external manifestations; also by family history of longevity. A person whose ancestors were long-lived on both sides would, as a rule, be both healthy and long-lived, and able to endure much hardship and grave maladies. On the other hand, those who inherited short life could not by any prescribed system of living protract their short-life inheritance. General average law will not form a basis for estimating individual longevity."

Lucas has stated that the average life depends upon locality, hygiene and civilization. But individual longevity is entirely exempt from these conditions. Everything tends to show that long life is the result of an initial principle of vitality which privileged individuals have received at their birth, and this is so deeply imprinted in their nature as to make itself apparent in every part of their organism. It is not the habit of the man who is excitable and always in a hurry which makes his life a greater risk than that of the calm, philosophical person; it is rather the inherited quality which leads to the difference in behavior, and, in the case of the philosophical person, gives long life.

There are certain indications which will give a fair idea of long and short life. It is not in one trait, but in the entire make-up of the individual. There is the color, the motions, the measurements, including size of head, which is one of the most certain indications of long or short life, for in the brain lies the great center of power. A person with a head whose diameter at the thin portion of the temporal bones measure five and a half to six inches is almost sure to give a longevity on the father's side of seventy to ninety years or over. If the head measures in front from the external auditory canal to the naso-frontal suture as much as four and three-fourths or five inches we may be almost sure of long life on the maternal side. A beard which is darker or redder than the hair indicates inheritance from the paternal side; if it is lighter than the hair the inheritance is from the maternal side. The length of the chest, its proportion to the circumference to the height of the individual, and other measurements are likewise important.

CHRONIC RHEUMATISM.

In chronic rheumatism Hare uses the following liniment:

℞

Tr. aconite, ʒij.
Ol. terebinthinae, ʒj.
Tr. opii, ʒj.
Lin. saponis q. s. ad. ℥vj.

M. F. Liniment.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SUMMER IN EUROPE.

On arriving in London we drove at once to 39 Craven street, Strand, a private hotel which was recommended by friends. If one wishes hotel life, Hotel Metropole charges $2.50 per day and up, is very central, being just off Napolean Square. Craven street is a short street running from Hotel Metropole to the Strand, and filled with private hotels, which charge from $1.25 up, for a room and breakfast. They are quite home-ilke, and a restful change from traveling hotel life.

The idea I had that things were cheap here has not been realized to any great extent. They are practically the same as in the states and often even higher, while more often not as good. Nothing opens until 9 a. m., but they keep things going well into the night.

The best thing to do is to take one of Cook's daily city excursions. The day costs $2.50, including luncheon, and the one we took included St. Paul's Tower, National Gallery and Old Curiosity Shop, and many minor points oi interst. It gives you a good idea so you can easily find the other points of interest by yourself. The top of the buses is a remarkable place from which to see London and you can take them from Trafalgar Square to most any place.

Wesminster Abbey is undoubtedly the point of interest in London. It is the only national burial place in the world. Here are buried many kings and queens, including Elizabeth and Mary, Queen of Scots, whose monuments were erected by James I, son of Mary. Such statesmen as Chatham, Pitt and Fox; poets as Chaucer, Spencer, Ben Jonson and Dryden lie here. The guide points them out and explains them all to you, but only those you are interested in are retained. One half day is a short enough time to spend at the Abbey and if the time is on Saturday the houses of parliament, which are next to the Abbey, can be visited.

A bus from Trafalgar Square to the bank leaves you at St. Paul's cathedral, the largest and most beautiful protestant cathedral in the world. The interior is now being redecorated. In the crypt are the tombs of Nelson and Wellington, British heroes. Wellington lay in state two months after his death while the funeral car was being made from the bronze cannons he captured in battle. The car cost about $75,000 to make, and can be seen in the crypt.

To me the Tower is the most interesting place in London. It was commenced by William the Conqueror in 1080 and subsequently enlarged until it now covers 12 acres. You enter Lion's Gate, where the king's lions and other beasts were at one time kept, across the moat, which is now filled and used as a drill ground, you pass through a gateway of the outer wall and enter the space between the outer and inner walls. The outer ward embraces four towers, the most important of which is the Traitor's Gate, which is the ingress from the Thames. It was through this gateway the royal ones condemned to death were brought to the Tower. The inner ward embraces 12 towers, the most interesting of which is the Bloody Beauchamp and the Jewel, the latter containing the crown jewels now valued at $15,000,000. The crown of

King Edward is worth $4,500,000, and is a blaze of jewels.

In the Beauchamp Tower were imprisoned Anne Boleyn, Catherine Howard, Lady Jane Gray and in the court you can stand on the spot where they were executed. This spot was the private execution ground; the public execution ground was on Tower Hill just above the gate of entrance and here were executed Sir Thomas More, Dudley Lords, Kilmarnock Balmerino and Lovat, the block and ax with which the last three were beheaded can be seen in the armory of the White Tower.

The White Tower, which is the oldest portion in the tower, was the royal apartments.

The Regent street bus at Trafalgar Square getting off at Great Russell street and walking three minutes will bring you to the Great British Museum. A day is well spent there and an excellent dinner is served in the building.

On Sunday it is advisable to attend services at St. Paul's and after dinner take the coach to Hampton Court, which is about 16 miles, making a delightful drive of 32 miles at a cost of $1.25 for the round trip. The Kew gardens and bridge are passed on the way. Hampton Court was built by Card. Woolsey and presented by him to Henry VIII. It was here that Jane Seymour died and where Henry VIII married Catherine Parr. The grounds around the palace are extremely beautiful, overlooking as they do the river Thames.

A very interesting walk is to leave Trafalgar Square down the Mall, pass the government building to St. James Park, through the Park to Buckingham Palace, which faces on St. James Park, then up Constitutional Hill, that lies along Green Park, to Hyde Park corner, where is situated the Marble Arch and the entrance to Hyde Park.

Start about 3 p. m. you will reach Hyde Park corner at 4, and the walk through the park to "Albert Memorial," which is the finest memorial monument in the world, the return walk will bring you through Hyde Park and Rotten Row at the time when the drives are swarming with elegant equipages and the walk with the lively crowds. We were fortunate enough to see the children of the Prince of Wales the afternoon we took the walk.

The Crystal Palace, outside of the building, is a London "Coney Island," only not half as interesting.

There are many things that strike the American as odd, as the fresh butter and the lack of salt in everything. They serve no iced drinks here and when you ask for a piece of ice in your drink the waiter always smiles. They claim we are dyspeptic and carry a gold mine in our mouths on account of our iced drinks. The majority of people on the streets here have very poor teeth and seem never to patronize a dentist except to have their teeth pulled out. It is a frequent sight to see two or more front teeth gone in the young people. This lack of patronage undoubtedly accounts for the poor dentists in Europe. We miss our pies, although their tarts are good if there were not quite so much crust. Pastry is a lost art here. Pork is served only in pork-pies, but they smoke the entire hog, and have the most delicious ham and bacon I ever ate.

Spectacles and eye glasses that are so common with us, are rarely seen here. Only myopes wear street glasses, and the monocle is always a minus glass, giving the wearer clear distant vision with one eye.

The Royal Westminster Ophthalmic Hospital is just a block from Clearing Cross station, which is on the Strand, about one block from Trafalgar Square.

Dr. Hartridge, the well known author on Refraction is the surgeon-in-chief. The doctor's lectures on refrac-

tion are very interesting. In cases where there are no symptoms except when reading in hyperopes, he only gives a reading glass for close work, claiming a detriment to accommodation. He prescribes all the manifest and one-third of the latent. There is abundant material and the student has all the work he can do. Considerable over half of the students in post-graduate work are Americans.

The Royal London Ophthalmic (or Moorfield) Hospital, is very large and modern and situated on City Road street. You take a bus from Trafalgar Square to the Bank and then a Green Favorite bus to the City Road and the conductor will put you off at Moorfield's. They average from three to twenty operations a day here, and abundant clinic material. There seems to be no restriction on the infirmary, the poor and well-to-do can be treated if they wish to come. No wonder that medical fees run from 4c to $5.00. The English are slow but good operators. They never hurry anything over here When the doctor says operate it is done, the patient does not object and seems to appreciate what the doctor is doing for them.

The Central London Nose, Throat and Ear Hospital is situated on Gray's Inn Road. A bus down the Strand to Ludgate Circus and change to a Gray's Inn Road bus passes the hospital door. Dr. Dundes Grant is chief surgeon and Dr. Abercrombie is chief assistant. Dr. Abercrombie is a skillful operator and reminds one of the nervous American. The clinic here is extremely varied. One afternoon will suffice to give one an idea. Besides the usual run of chronic and acute suppurative ears, hypertrophies and deviations of the nose, there were three cases of epithelomia of the larynx, one sarcoma of the antrum, orbit and vault of pharynx with extreme displacement of the eyeball. At this hospital they do from 80 to 100 adenoid operations in a week. I hope the doctors that never find adenoid cases in their practice will think of this. It is well to look at the patient's teeth in ear, nose and throat cases. Dr. Abercrombie always inspects the teeth carefully.

In catarrhal deafness you always have an improvement in hearing after the middle ear has been inflated. This is not true in sclerotic otitis. Bone conduction is better than air in catarrhal deafness and the same or reversed in sclerotic otitis.

I was surprised that one of the leading doctors here put boric acid powder in the hands of the patient to be inflated into the ears. The dry powder inflation treatment for suppurative otitis media has been retired by the leading physicians. They give very strong advice against it's use in Grays Inn Hospital. The best treatment for sclerotic otitis is massage either through the external auditory canal or the eustachian tube, and injection of mentholated liquid vaseline through the eustachian tube in conjunction with massage.

The Golden Square Ear, Nose and Throat Hospital, is situated on Golden Square. To reach it take a Regent street bus at Trafalgar Square and get off at Air street and walk two blocks up Air street, or two blocks on "Air," as I was directed. Dr. Lambert Lack is chief surgeon here. I prefer the work at Gray's Inn Road Hospital and think it the best possible place for a course. There is plenty of work at the hospitals, but the Central London or Gray's Inn, Ear, Nose and Throat, and the Royal London Ophthalmic or Moorfield Hospital have the most material and best teachers.

In traveling I think it the very best way to take Cook's tickets for railways and their hotel coupons. By this

method you save yourself the overcharging at hotels and what is best, of all worry.

We left for Paris by the Victoria station, going to New Haven and a three-hour boat ride to Dieppe. The trip from Dieppe to Paris is a very pleasant one along the River Seine. The country seems to be divided up into little gardens, and the people are very thrifty. It seems very strange to be where you do not understand the language, but there are so many English-speaking people that you do not feel lost. There are plenty of interpreters around and then the business people generally have some one, and the hotels always, that speaks English.

We took the Cook tour for our first day in Paris, giving us in the one day's drive an idea of Paris, so we can easily get around by ourselves. The first place visited was the Column Vendome, a column of bronze erected by Napoleon I, 1806, from 1,200 cannons captured from the Austrians and Russians. It was thrown down by the communists in 1871 and broken into three pieces, but was recast and replaced.

The Jardin des Tuileries (Garden of the Tuileries), lies along the bank of the Seine, back of the Palais du Louvre and extends to the Place de la Concorde.

The Palais des Tuileries was commenced by Catherine de Medicis and finished by Napoleon III. It was the home of Napoleon I. In 1792 a mob appeared before the palace and in conflict with the Swiss soldiers, 800 of the soldiers were killed. The Lion monument at Lucerne, Switzerland, was sculptured in their memory. The palace was entirely destroyed in 1871, and the Garden extended.

The old Louvre was commenced by Frances I, 1541, and was occupied by Catherine de Medicis. We were in the room where Catherine made her son Charles IX sign the order for the death of the Huguenots, and looked from the window of the palace from which the signal was given to toll the bell that commenced the massacre of St. Bartholomew's. The Palace was extended by Louis Napoleon and now with the Tuileries Garden covers 24 acres. It is now used as an art gallery and museum. Days could be spent here. The most interesting feature is the "Venus de Milo," that world-renowned statue. The Palace de la Concorde is interesting as the place where Louis XVI and Marie Antoinette were beheaded. When these people were married, during a celebration of the event by the people, in the Place de la Concorde, a panic ensued and 1,200 people were killed and 2,000 injured. From here leads the Champs Elysies, which contains the Arc de Triomphe, and is the fashionable drive of Paris. The Guillotine was removed from in front of Hotel de Ville and placed in Place de la Concorde where nearly 3,000 aristocrats and leaders were beheaded, including Charlotte Corday, Dauton and Robespierre.

The Invalides was built by Napoleon I, for a soldier's home. It is now a military museum, and the tomb of Napoleon I. The tomb is magnificent, costing $2,000,000. At the museum can be seen the gray coat and hat that are so closely associated with Napoleon.

The excursion to Versailles is a most interesting one. You pass through St. Cloud and the Royal garden where the St. Cloud Palace once stood. Louis XVI and Marie Antoinette and Napoleon and Josephine lived here. The palace was built by Louis XIV as a summer home. It's cost is unknown, but the grounds and palace must have cost millions of dollars. The grounds are the perfection of landscape gardening. There are 250 fountains in the grounds, besides hundreds of marble statues. The fountains all play ten

times a year for about one hour at a cost of $2,000. Our day was one of the ten, so we were very fortunate. We were on the balcony where Marie Antoinette showed herself to pacify the mob that came from Paris crying for bread. The mob invaded the palace and the king and queen were forced to flee. The bed in which Louis XIV died is shown here, as well as the apartments of Madame de Pompadour.

The Pantheon is the Westminster Abbey to France. It is a beautiful building situated a little way from the Place de la Concorde.

Notre Dame Cathedral is noted for the rich carving on the west front. The interior is not particularly beautiful. The church was begun in 1163 and completed in 1185. In front of the church is an open place called the Place du Pairis Notre Dame. On one side is the Hotel Dieu, the general hospial of Paris. In the ophthalmic department I had the pleasure of seeing Prof. de Lapersonne operate. In cataract operations he delivered the lens by finger pressure on the eye-ball through the lids. In a wound of the eyeball by penetration from scissors he passed the suture through the sclerotic and choroid coats to close the wound. The hospitals are not as clean as in England. The man operated on for cataract had on his dirty street clothes, even to hob nailed shoes, which seemed much out of place.

A day was very profitably spent in the private clinic of Dr. Darier, author of Ocular Therapeutics, translated in English by Dr. S. Stephenson, of London. Dr. Darier has a large clinic, the expense of which he carries himself. He is an exceedingly pleasant gentleman, an ideal Frenchman, and speaks English well. The doctor is a great believer in dionin.

In nearly all cases of conjunctivitis and slight tramuation of the cornea :

℞

Dionin,	gr.	0.10-20
Cocaine Hydrochl.,	gr.	0.10
Hydrarg. Cyan., 1-2000,	gr.	10.00

M. Sig. 1 to 2 drops in eye every three hours.

In infection of the cornea he makes the cyanide of mercury 1-1500 or 1-1000.

He uses alcoholic compresses as a dressing and is now using iodoform gauze with alcohol as a dressing. I am afraid the iodoform can only be used in special cases on account of the odor.

In all syphilitic diseases of the eye Dr. Darier uses intra-venous injections of cyanide of mercury. The formula is as follows:

℞

Cyanide of Mercury, centigram	0.10.
Chloride of Sodium, centigram	0.08.
Ster. Dist. Water, grams	30.00.

Three centimetre cubes of this solution is injected slowly in the vein. If stronger solutions are needed inject larger quantities or make solution stronger but keep the chloride of sodium 8-1000. If one wishes to make hypodermic or intermuscular injections, the following formula can be used:

℞

Cyanide Mercury,	0.30.
Acoine,	0.03.
Distilled Water,	30.00.

Injecting about the same amount. While the doctor used to do hypodermic injection he now does intra-venous. To make the injection, put a tight bandage around the lower part of the biceps, when the veins stand out well thoroughly cleanse the part with soap and chloroform, and with an iridised platinum needle, which has been well heated and cooled, plunge the needle in the vein. Aspirate slightly to see that blood comes and that you are in the vein, then inject slowly. As in hypodermic work you see that all air

bubbles are out of the syringe although they are not dangerous. The benefits of intravenous injections are the rapid action of the remedy and no local pain by infiltration and nodosities. Injection can be repeated daily, using different parts of the vein, and different arm. If there is colic or diarrhoea omit dose one day, or reduce quantity. In acute syphilitic disease of the eye, the doctor uses the injection subconjunctivally and claims marvelous results. Also in chronic and rapid spreading ulcers of the cornea. Acoine solutions precipitate on the least alkaline reaction, so they must be carefully prepared. It is well to have a 1 per cent. solution ready, (acoine 0.10, nacl 0.08, dest. aq. 10.0) then by taking a syringe two-thirds full of 1-1000 $Hg(CN)_2$ sol., and one-third of 1 per cent. acoine and inject as far from the cornea as possible. The doctor has excellent results in subconjunctival injections in all chronic diseases of the eye, as choroiditis and opacities in the vitreous.

The harmless fluorescein is an excellent fluid to use in diagnosing epithelial abrasions of the cornea and all general practitioners should use it. The solution is as follows:

℞	Fluorescein,	0.20.
	Soda Bicarbonate,	0.020.
	Aquae Dest.,	10.00.

One drop of fluid on the cornea will discolor any abrasion.

The doctor treats infectious ulcers with hypopyon by the galvano-cautery and subconjunctival injections of $Hg(CN)_2$

Dr. Darier discovered the deep analgesic power of dionin and uses it in the deep pain of iritis, glaucoma, ulcers, etc. It is used in a 5 per cent. solution or even weaker. The instillations, especially in rheumatic, diabetic and lymphatic cases are followed by severe redness and chemosis, but the pain is relieved. The eye becomes tolerant to the drug in two or three days and there is no reaction. It has great lymphagogic action, so it is indicated in corneal diseases and opacities.

All conjunctival diseases and diseases of the margin of the lids are treated in this clinic by savonnage. With protargol 20 per cent. and using a camel hair brush, he thoroughly works the medicine into the lids, eyebrows and lashes. This disinfection has a great benefit in all conjunctival eye troubles.

The Paris Grand Opera House is conceded to be the finest in the world. The grand stair way and foyer is beautiful beyond description. We heard "Faust" sung and I have never seen such magnificent staging of a play of any kind. We were directed to a theatre booking office across the street from the theatre and being fresh foreigners the polite Frenchmen very kindly charged us double price for the seats we occupied. The only place to buy seats for a theatre is at the theatre itself. This little information cost me considerable annoyance, as well as money. The people over here seem to be delighted with American money, and I seem to be making a great many happy.

You meet many pleasant travelers abroad, and the best to us seem to be doctors. We made the acquaintance at Paris of Dr. William Thompson and wife, who were on their honeymoon. The doctor is an Irishman with M. D. from Edinburgh, located at Sunderland, Eng. His wife was a delightful little Scotch lady.

Brussels (or Bruxelles, as it is spelled here) is about 5 1-2 hours from Paris. It is divided into an upper town, occupied by the nobility and foreigners, and contains the Park and Royal Palace and fashionable promenade. The cathedral on the side hill contains

some beautiful glass windows and a wood carved pulpit representing the Expulsion from Paradise.

The Hotel de Ville (or Town Hall) is in the Grande Place, was built in 1402 and is a beautiful building. Grande Place is a square space in the center of the town, entirely walled in by quaint old buildings having gilted fronts and many statues. It is used as a market place. It so impressed me by its age and curious buildings, that I made it two visits.

The lace works are very interesting to the ladies and was the first place the Madame insisted upon visiting.

The field of Waterloo is 12 miles north of Brussels and is the battlefield of Europe. The largest monument is a pyramid surmounted by a lion.

In coming down stairs the next morning at Brussels I slipped on a dust pan carelessly left by a maid, and injured my knee quite severely, tearing part of the tendon of the tibia. In a short time the knee began to swell and I was soon unable to walk but with assistance and carriages we started on. One hour's ride brought us to Antwerp (Anvers). Antwerp is interesting to us as the home and burial place of Rubens. At the cathedral can be seen his masterpiece, the "Descent." He has a number of others, an alterpiece, "The Assumption," and the "Elevation of the Cross."

Ruben's tomb is back of the high alter in St. Jacques church. The alterpiece here was painted by Rubens and contains besides his own picture the portrait of his two wives, father, grandfather, niece and son.

The Zoological Garden is one of the finest in the world.

The Steen in Kas street, formerly a prison, is now a museum and contains the dungeons and cells with their instruments of torture used in the inquisition and mediaeval civilization.

On arriving at Amsterdam (or Amstel), which is 3 1-2 hours from Antwerp, I called Dr. Cohen to look after my knee. He advised hot fomentation and rest and said I would possibly be able to walk all right in a week or two. I was put to bed and fomentation applied and next morning was considerably better, able to bear my weight with a cane so I could get around the hotel. The hotel was very damp and we decided to leave for Cologne to spend Sunday. We took a three hours' drive around Amsterdam and were able to get a fair idea of the city. It seemed very queer to see three to four story buildings from one to two feet out of plumb. They looked as if they might fall at any time. This is due to the poor foundations, as the city is built on 90 islands and has 250 bridges. On account of the many canals it is called the Northern Venice. The streets are very narrow and it is far from being a beautiful city. I undoubtedly had too much knee trouble to appreciate it.

English gold and French gold and francs are taken in France, Belgium, Italy and Switzerland. You have to get rid of your money before entering Holland but you needn't worry about leaving, for they will get all your Holland money before you leave. If they don't you might as well give it to them as no one else in Europe will take it.

In buying anything of fairly large amount in Europe it is a good idea not to express admiration or remark about cheapness, or the price of the article will immediately advance.

In cities where special articles are made, as lace in Brussels, diamond cutting in Amsterdam and cologne in Cologne, the town is flooded with imitation articles, so it is unsafe to buy. People talk about the cheapness of diamonds in Amsterdam. I priced a 1 1-4 karat stone at the cutting factory and the price was $200, what we would consider a good price in America.

The ride to Cologne is quite inter-

esting, and while part of the trip is through desolate sandy land, the greater part is fertile. It seems a little odd to see the farmers doing their work by hand, cutting the grain with the sickle, not even using the cradle of our forefathers. The women all work in the field along with the men. At Emmeric, the frontier town of Prussia, we were obliged to take our grips into the station, while before this they were examined on the train, then they herded us into a room and kept the doors locked until the train was ready to go. We passed through "Delft," where the ware of that name is manufactured.

Cologne is an ancient and famous city, having been known by its present name since A. D. 51. The Rhine passes through the city. The cathedral is the grandest Gothic church in the world. It was begun in 1248. Its restoration began in 1816 and since then $4,500,000 has been expended upon it. Religion up to our day was certainly a curse to the people of the old world. The sufferings brought upon the people to furnish millions for each of these cathedrals can never receive a recompense. The spires are the tallest in the world, being 512 feet high. The treasury contains a golden shrine of the 12th century said to contain the bones of the Magi. The church of St. Ursula is reputed to contain the bones of 11,000 virgins. They both sound very much like American fish stories.

We saw the Botanical Garden in the early evening when it was decorated with lights and lanterns and I have never seen a more beautiful sight.

On the trip up the Rhine you start at 8:45 a. m., reaching Mayence at 9 p. m. As the boat leaves the dock you have a beautiful panoramic view of Cologne with the beautiful cathedral in the center of the picture. There is very little of special interest until you reach Bonn, the birthplace of Beethoven. From the city can be seen the Siebengebirge (or seven mountain) on one of which is the ruins of "Drachenfels" Castle, which was built early in the 12th century. Half way up the mountain is the cavern that housed the dragon that gave the mountain its name of Drachen-fels, dragon's rock.

From Bonn the Rhine is very beautiful, with its high hills and mountains, many capped by old ruined castles, modern hotels and restored castles. The mountains are frequently very steep and the sides are terraced to make the noted vineyards of the Rhine which produce the grapes for the celebrated Rhine wine. There are miles of these vineyards, which frequently cover a mountain from base to peak.

In Germany the peasants live in villages and rent little tracts of land from 1-2 to 5 acres, which they plant to oats, rye, potatoes, etc., and as you look off over the valleys and see these small patches of different colors it reminds one of a crazy quilt with its varied colors.

After reaching Coblence, which is nearly half way to Mayence, you see the most interesting part of the Rhine. The castles and villages are close together, and the river is so thickly lined by mountains that it is called the gorge.

Near Remagen, on the Rhine, is the celebrated Apollinaris Springs, and many tourists leave at this point for excursions up the "Valley of the Ahr," to the springs and view the beautiful valley which is called the "Rhinish Switzerland."

At Coblence, which is situated at the junction of the Mosel River and the Rhine, is a magnificent statue and monument to King William. Across the Rhine is Ebrenbreitstein Castle, called the "Gibraltar" of the Rhine, a very imposing structure. Fair Bingen is beautifully situated where the Nahe empties into the Rhine. The Rhine from Bingen to Mayence is uninterest-

ing. A volume could be written on the Rhine and yet its beauties can only be appreciated by seeing them. I was surprised to see Americans reading and actually bored by the trip, which was one of intense delight. The trip should not be taken on Sunday, as the boats are crowded. All kinds of refreshments and a good dinner are served on the boat at reasonable prices.

We had the pleasure of traveling a number of days with the Rev. Dr. John M. Schick, pastor of Grace Reformed church, of Washington, which the President attends.

Upon reaching Mayence we took the train for Frankfort-on-the-Main, which is about a 40-minute ride. This city is particularly interesting as the birthplace of Goethe. The house is inscribed with the date of his birth, Aug. 28, 1749.

In this city the first printing by separate type was done, and in the Rossmarkt is a statue to Gutenberg, who invented the type. One day Gutenberg cut his initial G on a tree, by cutting the bark away and leaving the letter G in relief. The barked shaped letter came off of the tree and to make both sides dark Gutenberg inked the inside part and in some way it fell on some material of his mother's, thus printing the letter G. For this he received a severe whipping, which, undoubtedly, further impressed the subject on his mind.

On account of my knee we only stopped at Leipsig for dinner and made an uneventful trip of 12 hours to Berlin. Even this long ride was not tiresome, as one is continually seeing strange sights and having odd experiences. At every station the train stops beer is brought around for sale, also fruit, and cherries are particularly delicious here. We had the finest strawberries in England and cherries in Brussels that I have ever seen or eaten.

Berlin is a beautiful city, with wide, clean, well-lighted streets, with everything very modern.

Cabs are particularly cheap here, and as the distances are registered it is impossible to be over-charged, but one must always remember the tip which the "cabbie" is entitled to. They receive a wage of 38c a day, so it would be hard if there were no tips. The chambermaids at the hotels receive $1.50 a month and if anything is broken they must pay for it. Many waiters receive no salary, so the tip system is simply a scheme to have the public pay these servants, and the profit goes to the proprietors.

When one thinks of Berlin, his first thought is the principal street "Unter den Linden," and when it is seen it is a great disappointment. Down half the length of the street, which is very wide, is a double row of Linden trees, from which it receives its name. The streets extend from the Schloss (or principal square) to Brandenburg Gate about one mile. Near the Schloss are the Barracks, Palace of Prince Frederick William, King's Guard House, the University, Opera House, and Palace of Emperor William. In the center of the street opposite the emperor's palace is the noted statue of Frederick the Great. The Thiergarten (or public park) extends beyond the Brandenburg Gate. It is a large beautiful park, with many statues and fountains, honeycombed with drives. Surrounding the Schloss is the Palace, Art Gallery, Cathedral and the monument to Emperor Frederick William, the Great, one of the finest monuments we have seen. The pleasure of seeing the inside of the different museums, galleries and palaces, we had to forego.

Dresden is a very interesting town on account of its manufactures and museums. We stopped particularly to see the art gallery and I was quite con-

tent with Raphael's masterpiece the "Sistine Madonna."

The Zwinger building on the Schloss contains the museum and art collection. Also facing the square are the Palace, Katherine Church, Opera House, the Old Bridge, and many quaint buildings.

In the trip from Dresden to Vienna it is well to break the journey at Prague, as the time is 5 hours from Dresden to Prague, and 8 hours from Prague to Vienna. A two-hour carriage drive in Prague will give one a good idea of the city with it's old bridge and quaint old buildings. The one fault in European traveling is that one becomes too tired, and you soon lose interest in everything.

In going from Prague to Vienna one should go by way of Bodenbach, one of the direct routes, for you travel many miles along the shore of the River Elba. The bluffs on either side of the river are from 400 to 800 feet high, which, with the mountains, form some of the finest scenery we have seen. The trip can be made through these beautiful gorges by boat and the trip will repay the extra time spent. Outside of the scenery along the Elba the trip to Vienna is of little interest and quite tiresome, as you are 8 hours on the train. Soon after we left Prague the conductor came around and asked us if we wished dinner and of course we said yes, and bought the tickets. We were quite surprised when we stopped at a station at 10 a. m. to see the waiters coming with our dinner. One can certainly relish a dinner served at 10 a. m. when one breakfasts at 8 a. m.

When we left Dresden we found compartments with two Americans from Pittsburg, a doctor and traveling man. When we entered a little station about two hours out of Dresden I was surprised to hear: "Is Dr. Pratt on this train?" called from the platform. I rushed to the window and looking out saw a station official walking by with a paper in his hand looking searchingly at the train. I began to yell in English that I was Dr. Pratt and asked what was wanted. The official looked at me as if I was a wild man, and passed on. Having left a very sick mother in the states I was very much worried. The gentlemen explained to me that the traveling man was a ventriloquist. We afterwards saw the trick played and it was very amusing. These gentlemen had a great deal of sport having the people trying to release persons fastened in cellars, boxes, etc.

As we enter Vienna we pass over the River Danube and are soon in the busy and beautiful capital city.

J. A. Pratt, M. D.

Home address, Aurora, Ill.

TARDY LEGISLATION.

I know of nothing more deserving of the considerate attention of every just thinking man than this merciless monster of modern quackery, that among demons holds the sceptre as king of them all.

It is my intention to touch the subject in a concise general way as to enter more minutely into detail would necessitate burdening the mind with volumes of literature which has been often written and with which the average practitioner is only too familiar.

If in my efforts I have lessened the regret that others who through a sense of false modesty have been debarred from doing what I have attempted to direct some mind to thinking along these lines and more thoroughly impress its significance upon the mind already directed into these channeds, I will feel that I have sufficiently honored myself and conferred a credit on the profession.

My ability and accuracy of statement fix on me responsibility for all errors of this manuscript, for these I pray judgment with charitable extenuation at the hands of my professional brethren.

It was during the early part of the fifteenth century that Paracelsus labored so faithfully in his experimental investigations to lay the foundation for a profession which should be the most noble, sacred and conscientious calling of man. Could he but arise in this age of advancement and behold it in the present corrupted condition which it has attained, he could not help but bow his head in humiliation and mental anguish.

There is hardly a city in America today of any size that does not support and tolerate several of those would be specialists, "land sharks" whose very advertisements proclaim and number them among the vast army of professional "dead beats" who try to pose as benefactors to suffering humanity.

Hardly a daily paper can be picked up whose pages are not polluted with the vile advertisements of these fowl vultures with which our land is contaminated. It is amusing as well as disgusting to note the various schemes and methods adopted by these good samaritans to practice their most heinous deceptions. Some pose as bankers, music dealers, merchants, and in fact all walks of life are represented by men who unfortunately contracted some seemingly grave or private disease, namely lost manhood, emissions, spermatorrhea, and what not and were themselves completely cured by a simple remedy which they or someone else discovered by accident or long years of careful study and research and in their appreciative valor will gladly send the receipt to any fellow sufferer free for the asking, which they do by favoring their unfortunate inquirer with a prescription calling for ingredients never found in materia medica and only in the futile brains of their authors which necessitates an order direct from them which rarely need be done, as perchance ere long there is awaiting their call at the express office c. o. d. package of their nostrum which they kindly took the liberty to send them knowing they were in a position to fill the order better and cheaper than their home druggists. Finally the weak are roped into making the purchase, that they may avail themselves at once of its great healing powers and be cured of that terrible disease in whose grasp they are caused to believe they are from the perusal of the infamous literature with which these unprincipled venders mislead the mind and corrupt the press.

Others send their products on a few days test which of course must be paid for before any treatment possessing curative virtue could have time to manifest its effect.

The electric belt fakirs have nearly ran their gauntlet and are becoming quite generally known, and much thanks and credit are due the worthy medical journals who have taken up arms to battle with these ghouls and effect their exposure.

Many located in actual practice, graduates from reputable colleges, whose love is stronger for the almighty dollars than it is for the relief of suffering humanity, drift into quackery, who by advertisement only guarantee a cure of most every pathological condition to which human flesh is heir to swindle the ignorant sufferers out of their money and bring shame and dishonor to the profession as well as their alma mater.

The highway robber is a credit to one of these fiends for he demands only money or their lives while the quack is taking both. As the medical vocation once was, it is no more, the

once honored and respectful physician is fast giving place to an object of contempt, the modern quack. It is difficult to predict the outcome during the next decade unless there is some legislative restriction thrown around this man of straw who is showing his head far above the medical horizon.

We are aware of the frailty of these pitiful relief seekers, broken down in health, who are too credulous and always too ready to be influenced by the enticing advertisements and type written letters with which they are greeted so earnestly by the electric belt and patent medicine institutes, whose almost relentless grasp holds in a thraldom infinitely worse than slavery their legions of victims all over the civilized world, who drift from one to the other, squandering their time, money and health.

Finally the decent practitioner is beat out of his legitimate patronage and the patient is on the down hill road to an end, the horrors of which no language can describe and the hopelessness of which no imagination can estimate. It is a shame to know that for the remuneration it affords these villainous advertisements are tolerated by most of our leading periodicals as well as the religious press which cannot help but reflect upon the true christianity. Even the mail bag is corrupted with this foul mind destroying literature and decreasing the dignity and prestige of the management of our post-office departments.

Then wherein lies the fault and how is it to be remedied, admitting a tardiness upon the part of the legislature along these lines, yet the blame cannot all rest here for quite all states have more or less statutory restrictions, which for the lack of interest and discharge of duty on the part of our executive functions are practically ignored.

It should be the duty of every physician to confront all members of the legislative body with which he can come in touch and lay plainly before him the exact situation appealing to his honor for the protection of which our calling is so sadly in need. They are not in a position to know or fully understand these matters without some enlightenment from the medical man. He will do his duty if you will but do yours. Then let us improve every opportunity to use our influence and prove our loyalty to our profession, our people and our God.

Can we as physicians, guardians of the public health, and we should add the morals of our country, going to quietly fold our arms, when we are the ones who best know the true condition and allow this wholesale evil to go on unchallenged?

If not as physicians for the commonwealth, we should be up in arms against this evil, as fathers, husbands, brothers and citizens. Then as faithful followers of our craft, as loyal citizens, as lovers of humanity and defenders of the health and welfare of our people we should never stop or rest until the law making powers of our land shall throw some safeguards around these charlatans, who are allowed to fleece the people so indiscriminately.

The position of every regular practitioner should prompt him to lend a helping hand in this important matter and I hope ere long all will realize its necessity and contribute their influence to bring about a better, more noble state of affairs, when the sun's rays of infinite love will again smile upon us all as one bright and prosperous people.

E. G. Rappold, M. D., LL. D.
Adairville, Ky.

The Mississippi Valley Medical Association meets at Cincinnati, Ohio, Oct. 11-13. The program is evidence of a very interesting and profitable meeting. The indications point to a large attendance.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

APPENDICITIS AND MEAT DIET.

At a late meeting of the Academy of Medicine of Paris a careful study was presented dealing with the causation of appendicitis. The essayist, Dr. Lucas-Championiere, admits the increasing frequency of the disease and gives full due to the theory of intestinal infection. Inquiring what gives rise to the greater frequency of such intestinal infection, than took place formerly, he concludes that it is the grippe and that appendicitis is indeed a new disease, having its origin in the grippe, which became epidemic about fifteen years ago. A cause contributory to and of as much importance as the grippe he asserts to be the eating of meat. He finds that appendicitis is confined chiefly to countries where meat forms a large part of the people's food and that it is invariably most severe in those who eat meat in excess, while vegetarians are almost free from it. Interesting statistics, covering many countries and years, are offered as proof. In every section of France the frequency of appendicitis increases in direct ratio to the increased consumption of meat. In convents, schools, prisons, asylums, where the diet is almost, or even entirely vegetarian, cases of appendicitis are very rare. In one prison with 1,000 prisoners only one case in four years, in another with 2,000 inmates, two mild cases during 1903, one of them of long standing, in an asylum with 1,500 inmates not a case in three years. In Roumania one case of appendicitis among 22,000 sick persons of a vegetarian population, one case among 221 sick persons, meat eaters. In Porto Rico the disease has not appeared among the natives who are vegetarians, but is not uncommon among the Americans. On the basis of these observations it is easy to understand, why appendicitis occurs with so much greater frequency in the United States than anywhere else, since animal food is an exceedingly large part of the people's diet. We are a nation of injudicious feeders. Dio Lewis, the apostle of temperance and rational living, has said somewhere: Gluttony counts a hundred victims, where drunkeness counts one.

NEGLECT TO REPAIR THE PERINEUM.

Some of our accoucheurs, who like to boast that they never had a ruptured perineum in their practice today—they never looked for one—would find themselves in a serious predicament, if we had a law like Germany. There a medical man may be fined 1000 marks and sentenced to imprisonment for three years for neglect to repair a ruptured perineum after childbirth. Besides he makes himself liable to damages to the patient. He is not held responsible, however, for the occurrence of the rupture.

At first sight the law may appear severe. But really it is nothing more than the demand for ordinary care and knowledge on the part of the physician. The causative relation between rupture of the perineum and various ailments and disabilities supervening afterwards is established beyond all doubt. The question of the physician's responsibility in the matter has probably never been raised in our courts; should it ever be done in a civil suit, then we may expect that the negligent physician be held to pay

damages, just as though he had been culpably negligent in the treatment of a fracture.

EXCESS OF ZEAL ON THE PART OF A STATE BOARD.

A physician, graduate of the University of Basle and later of Johns Hopkins University, went to San Francisco shortly after the session and examinations held by the state board of examiners. In obedience to the state law he refrained from opening an office. But he was invited to occupy a chair in the Cooper Medical College and to act as assistant to one of the regular attendant physicians of the county and city hospital. In this capacity and to teach students he visited and treated charity patients, but did no practice from remuneration. Nevertheless, the president of the state board had him arrested for illegally practicing medicine. The action has been severely censured by the profession of the state of California and the medical press, even such a conservative journal as the N. Y. Med. Record. Such lack of discretion and common sense in the execution of a medical law is bound to raise more enemies against the laws. The supreme court of California has recently made a ruling which upholds the state law in every particular, so that the profession out there has a powerful weapon. It should be used effectively against the hordes of quacks which infest the state and follow their calling unmolested by the board. When instead it is used for the persecution of honorable and qualified physicians and as an instrument to keep out competition, a revulsion of sentiment is sure to follow.

THE APOSTOLI TREATMENT.

Surgery has obtained such a strong hold of the professional mind by reason of the prestige it gives, its tangible results and the greater remuneration it usually brings, as to have driven simpler and milder means almost into oblivion. To these belongs the electric treatment of fibroid tumors of which at one time great hopes were entertained. It is interesting, then, to read the summary which Dr. G. B. Massey gives in the Journ. of the A. M. A. of his sixteen years of experience with the Apostoli treatment. His conclusions are: 1. A prolonged observation of cases of fibroid tumors of the uterus under the Apostoli treatment teaches that three-quarters of the cases subjected to the method will be practically cured, as attested by inquiries made from three to sixteen years after cessation of treatment. 2. The cases that responded poorly, or not at all, to this treatment are not harmed by it, when properly applied, and heroic measures may then be adopted with the certainty that milder means are of no avail. 3. Hemorrhagic and interstitial fibroids are best adapted to the Apostoli treatment, while subperitoneal and degenerative fibroids and those complicated with pyosalpinx are least adapted to be relieved by it. 4. There have been but seven deaths among these 110 patients during the sixteen years or less than they have been under my observation. Only one of the deaths was due to the progress of the growth itself. Of the remaining six, one died long after treatment of an affection totally unconnected with the growth, one of septicemia under electric treatment, and four while being operated on with the knife.

GONORRHEA.

Dr. Bettmann, in Muench. Med. Wochenschr., advocates the abortive treatment of gonorrhea. He had excellent results with a solution of protargol in glycerin and water, in the proportion of 10 grms. of protargol dissolved in 45 c. c. of cold water, when enough glycerin is added to make up

to 100 c. c. The best results were obtained by applying the solution to the interior of the urethra with a specially devised hair-brush. This is done daily, or every second day, until from six to eight applications have been made. The best results were obtained in those instances in which the treatment was begun three days or less after infection had taken place. The procedure is attended with very little discomfort on the part of the patient. A mucopurulent secretion may be present for several days, but after that the gonococci disappeared. Dr. Louis Gross, of San Francisco, has come to the conclusion that of all the silver preparations protargol is the most efficient. Argyrol he found too irritating, especially as an intravesical irrigation. Ratner, of New York, also reports argyrol to be too uncertain and irritating. Dr. Bierhoff, of New York, in an exhaustive paper advises as prophylactic the instillation of 2 or 3 drops of a 10 to 20 per cent. solution of protargol in glycerin into the fossa navicularis immediately after a suspicious coitus. Glycerin is used, because it brings on increased transudation and causes the cocci to come to the surface, so that the silver salt can affect them. As abortive treatment Bierhoff employs frequent irrigation with protargol solution, but no stronger than one half of one per cent.

The writer saw an instructive case lately. A mild gonorrhea yielded readily to treatment without complications. Seven months after disappearance of every symptom patient developed arthritis, affecting several joints, and not much benefited by salicylates. Simultaneously with it appeared a slight urethral discharge. Treatment with protargol crayons, as made by the Ungentine people, relieved quickly both the discharge and the arthritis. No doubt the arthritis was of septic nature.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE DOCTOR'S RED LAMP. A Book of Short Stories Concerning the Doctor's Daily Life. Volume II of The Doctor's Recreation Series, Charles Wells Moulton, General Editor. Pages, 343. Silk Cloth, Gilt Top. Price, $2.50. Illustrated. The Saalfield Publishing Co., Akron, Ohio.

This volume fully meets expectations aroused by the first volume of this delightful series. This is the first attempt to bring together a collection of short stories by different authors all concerning the daily life of the physician. The stories are by well-known authors of this country and Great Britain. A few of the stories are: "The Surgeon's Miracle," by Joseph Kirkland; "The Doctors of Hoyland," by Conan Doyle; "A Doctor of the Old School," by Ian Maclaren; "Dr. Barrere," by Margaret Oliphant; "A Gentle Maniac," by George Edgar Montgomery. Other contributors to the volume are: G. M. McCrie, Henry Seton Merriman, Lady Mabel Howard, Elenor Eden, Maud Wilder Goodwin, Butler Monroe, A. G. Bradley, R. H. Sessions, Gustave Morales, Lucy Furman, E. M. Davy, Ambrose Bierce, Ruth McEnery Stuart and Margaret Sutton Briscoe. The volume contains four full page illustrations, reproductions of famous paintings, appropriate in subject. The letterpress, paper and binding of the book are above criticism. The busy doctor can surely get much recreation and needed mental relaxation from this volume which will interest him far more than any ordinary volume of fiction.

A Text-Book of Alkaloidal Therapeutics. Being a Condensed Volume of All Available Literature on the Subject of the Active Principles Added to the Personal Experience of the Authors. By W. F. Waugh, M. D., and W. C. Abbott, M. D., With the Collaboration of E. M. Epstein, M. D. Pages, 405. Interleaved. Cloth. Price, $5.00. The Clinic Publishing Co., Chicago.

This book enters a field which has heretofore received too little attention in medical literature, but one which deserves the most careful cultivation in view of the constantly increasing number of physicians who are using the alkaloids and active principles in their practice. The alkaloidal idea is "in the saddle" and its adherents, now counted by the thousands, are creating a rich literature which it is the aim of this book to collect in a form for practical application. About 150 different remedies are discussed and among these are all the important alkaloids and also the concentrations, resinoids, and other preparations which may conveniently be included under the general title of "active principles." It has been the aim of the authors to give concerning these remedies all the information available that would be likely to be of interest or help to the general practician.

The authors are the most capable men in this country to produce such a work, as they can be considered the fathers of alkaloidal practice. Everything in the book is solid meat, there are no useless words and no padding. The remedies are considered in alphabetical order so that any preparation can be quickly found. A complete therapeutic index makes everything in the volume very accessible. The book is interleaved with blank pages so the doctor can record his own experiences. The work is one which physicians of all schools and of all lines of practice will find useful.

Report of the Sanitary Investigations of the Illinois River and Its Tributaries. With Special Reference to the Effect of the Sewage of Chicago in the Des Plaines and Illinois Rivers Prior to and After the Opening of the Chicago Drainage Canal. Published by the Illinois State Board of Health, Springfield, Ill.

The Illinois State Board of Heatlh performs an immense amount of investigation and it's reports are valuable additions to medical literature. This report is given in two well-bound volumes and is added evidence of the careful labor of Dr. J. A. Egan, secretory of the board. The volumes contain: Pollution of the Illinois River as Affected by the Drainage of Chicago and Other Cities, by J. A. Egan, M. D.; Chemical and Bacterial Examinations of the Waters of the Illinois River and It's Principal Tributaries, by John H. Long, M. D.; Identification of Bacteria Found in the Waters of the Illinois River and It's Principal Tributaries, by F. Robert Zeit, M. D.; Preliminary Survey of the Illinois River Drainage Basin, by Jacob A. Harmon, C. E.

The conclusions Dr. Egan draws from the investigations are:

That the city of St. Louis derives it's water almost entirely from the Missouri River; that the Missouri River water shows evidences of more serious sewage contamination than does the water of the Mississippi, the Illinois River or even the drainage canal itself; that the water of the drainage canal, with the large bulk of pure,

lake water, is actually purer than the water of the Illinois River; that the water of the Illinois River is purer than the water of the Mississippi; that the water of the Missouri River is more impure than that of any of the other waterways and that the St. Louis water supply is benefited rather than injuriously affected by dilution with the water of any of the other streams; that the Chicago drainage canal is successfully performing the work it was constructed for, despite the adverse statements made by some sanitarians; that when the intercepting sewer system is so completed that the drainage of Evanston and Calumet are diverted from the lake to the canal, Chicago will have a very pure water supply.

Annual Report of the Surgeon General of the Public Health and Marine-Hospital Service of the United States for the Year 1903. Pages, 572. Illustrated. Government Printing Office, Washington, D. C.

This volume contains interesting reports regarding the work of the Marine-Hospital Service, articles contributed by surgeons of the service, reports or necropsies and other useful matter.

State Requirements for Medical Practice. Compiled and Published by the Illinois State Board of Health, Springfield, Ill.

This book gives a summary of medical practice laws in each state and territory, which will be found very useful. Abstracts of various court decisions are given showing that state practice laws are constitutional.

BOOK NOTES.

The August issue of the American Journal of Orthopedic Surgery, the official publication of the American Orthopedic Association, contains 125 pages of valuable matter. The Journal is published quarterly, at $5.00 per year, at 234 Marlboro St., Boston.

The Medico-Legal Bulletin is a monthly magazine devoted to the interests of the medical profession from a medico-legal standpoint. It contains articles and news relative to legislative enactments and judicial decisions affecting the profession. It is the only publication of the kind. If you have never seen it, send for a sample copy to the Medico-Legal Bulletin, Fort Wayne, Ind.

The Colorado Medical Journal has issued a special tuberculosis number containing over 200 pages of original articles, by well known authorities on tuberculosis. The price of this special number is $1.00 and it is worth it as it is an up-to-date treatise on tuberculosis. This number inaugurates a new policy of the Journal, which will hereafter be devoted largely to tuberculosis and climatology.

Some of the articles in Suggestion for September are: "Auto-Suggestion and Rational Hygiene," By Herbert A. Parkyn, M. D., "Achievement" (poem) By Alvin B. Bishop, A. M., "Cause of Disease," By Arthur R. Reynolds, M. D., "Physical Research," By Sir William Crookes, "Sparks From Life's Forge," By Dr. Eugenie R. Eliscu, "For The Breath is The Life," By Henry Harrison Brown, "The Surgery of Light," By George Willis Mason, "The Treasures of Mind," (poem) By Ella Wheeler Wilcox, "The Diet Question," By Amos Woodbury Rideout, "Are Your Lungs White or Black?," By Herbert N. Casson, "Definition," By Thomas W. Bicknell,

"Sense and Nonsense About Radium," By Cleveland Moffett. Suggestion is a magazine of psychology. If you wish to see a copy you can obtain a sample by addressing the editor, H. A. Parkyn, M. D., 4074 Drexel Boulevard, Chicago.

McClure's Magazine for September is a vigorous expression of American life and interest, part fact, part fiction, all entertaining. William Allen White writes of "Roosevelt and the Postal Frauds," and in a clear and concise manner he tells the engrossing story of this great crime against the government and its exposure. Ida M. Tarbell gets at the very heart of the trust question in her Standard Oil History in a masterly paper on "The Price of Oil." Here is what the consumer wants to know, how the trust affects prices. New and intimately interesting side-lights are thrown on the South during the Civil War in "Memories of the Beginning and End of the Southern Confederacy," by Louise Wigfall Wright, daughter of Louis T. Wigfall, of Texas, a Confederate leader and statesman. John La Farge continues his "One Hundred Masterpieces of Painting," with the discussion of three famous paintings symbolizing "Triumph." The strength of the fiction in the number well balances its serious importance.

Francis Willing Wharton has a new novelette in the September number of Lippincott's Magazine entitled "The Deep Waters of the Proud." This title is, we believe, taken from one of the Psalms of David. It is the story of a young man who, with the whole world at his feet, hears from his physicians that he is going blind. With the promise of twelve months of light before the darkness finds him, he resolves to enjoy all he can get out of living and then—die game. How he is turned from his purpose belongs to the author to reveal. Embodied in a delightful paper by Maud Howe, called "Rome of Easter," is the description of a visit from the Queen to an American artist, as well as other interesting incidents of Rome up-to-date. The many short stories of the number are good. Lippincott's is a magazine which a busy doctor can read with profit on the mental recreation it gives. Each number of Lippincott's contains a complete novel. For $2.65 we send Lippincott's Magazine and the Recorder both one year and 1000 premium labels. This is a great magazine bargain.

The secret method of multiplying millions by which the enormous fortunes of Standard Oil and other big financial institutions were created veritably out of nothing is the text of the September instalment of "Frenzied Finance," by Thomas W. Lawson, in Everybody's Magazine. It is no exaggeration to say that the article is of the most sensational interest and importance. The story of how Standard Oil set about getting control of banks and trust and insurance companies; how it juggled their funds so as to extend its operations; the process of the "trustification" of corporations as they practice it, and the upbuilding of the greatest financial power in America today, makes a revelation of the most startling significance. Those qualities of timeliness and general readableness which characterize Everybody's are well to the fore in the September issue. The "Deepest Mine in the World" describes the wonderful copper mines of Michigan. In "The Campaign Spellbinder" Lindsay Denison describes the ways and methods of certain political orators and narrates many diverting stories. There are ten first-rate stories—one, in verse, by Wallace Irwin, besides the third instalment of Hall Caine's serial, "The Prodigal Son."

The Metropolitan Magazine for September presents a capital new "soldier" story by Rudyard Kipling, entitled "Mrs. Bathurst." In this new tale all of the author's earlier strength and fancy, and all of his later skill and mastery of narrative, are happily combined. A strong story by Lloyd Osbourne, dealing with the South Sea Islanders and their wild, picturesque life, illustrated in full color by Charles Sarka, is one of the exceptional features of this number. "Along the Seashore," by Sidney Allen, is an interesting philosophical article dealing with the charms of the coast and superbly illustrated with the photo-studies, by Rudolf Eickemeyer, Jr. A comparison of Whistler's writing with his painting by the celebrated English wit, author and caricaturist, Max Beerbohm, will be most attractive to all interested in the great impressionistic painter and cynic. "A War Game in the Field," by R. F. Zogbaum, illustrated with drawings by the author, is a graphic word picture of part of the training of the American soldier. Comments by Arthur Heming, published in this number, offer a forecast of what this artist and traveler has in store for the Metropolitan readers, both with pencil and pen. Sixteen beautiful reproductions of portraits of famous men and women now in the public eye show the high plane to which the art of the camera has been raised by the noted photographer, Ernest W. Histed.

Miss Ida Tarbell's series of articles in McClure's magazine has been but a rehearsal of the operations practised by the Standard Oil Company to get rid of competition. It was to get rid of competition that the South Improvement Company was formed. It was to get rid of competition that the oil-carrying railroads were bullied or persuaded or bribed into unjust discriminations. It was to get rid of competition that the Empire Transportation Company was wrested from the hands of the men who had developed it. It was to get rid of competition that war was made on the Tidewater Pipe Line, the Crescent Pipe Line, the United States Pipe Line. It was to get rid of competition that the Standard's spy system was built up, its oil wars instituted, all its perfect methods for making it hard for rivals to do business developed.

(Photograph, Copyright 1904 by J. E. Purdy, Boston)

MISS IDA TARBELL

McClure-Phillips have purchased from Chas. Scribner's Sons the rights in Miss Tarbell's "Madame Roland," which they will add to their list this fall. They will also bring out in book form this fall Miss Tarbell's monumental "History of the Standard Oil Company."

Now is a good time to send in your subscription to the Recorder, which will be better than ever next year. Every paid-in-advance subscriber receives 1000 premium labels.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. SEPTEMBER, 1904. No. 9.

Every paid-in-advance subscriber to the Recorder receives 1000 premium labels.

The Editorial and Doctors' World Departments have been left out of this issue to make room for Dr. Pratt's interesting article on his trip to Europe.

Each month we send out a few extra copies of the Recorder to prospective subscribers. Some of the physicians receiving these copies write us each month, saying they are much pleased with the Recorder but wish to know if the number received is not an extra good number, issued to attract new subscribers. To those who see this issue for the first time we wish to say that this number is no better than the succeeding issues will be. Every issue for the next year will be fully as good as this one and some will be better; next year we expect to make the Recorder larger and better than ever.

Modern Therapeutics.

A CLINICAL DEMONSTRATION OF THE TREATMENT OF THE DIFFERENT FORMS OF INTESTINAL DISEASE KNOWN AS INFLAMMATIONS.

By J. W. P. Smithwick, M. D., La Grange, N. C.

I desire to explain the title of this article and state that this paper will deal with those inflammations of the bowel tract that are confined to the mucous membranes and are characterized by a diarrhoea. It has been the custom for many years in such cases to use the mild chloride of mercury or some such cathartic, and usually with beneficial results though frequently I found that this necessitated a prolonged course of treatment. Of late, however, I have been making use of a remedy in addition to the above and its effectiveness in these cases is really my reason for the production of this paper.

Case No. 1. An old man, who had been troubled for several years with a chronic diarrhoea. He complained of some pain and uneasiness in all the bowel region, and stated that his bowels would act several times each day and during each action there was considerable uneasiness and pain. The evacuations were far from normal in both amount and character. The total daily amount was very large and the character was thin and watery and it had an unusually bad odor. There was a considerable gas formation that gave rise to pain and uneasiness, but when expelled there was relief for a while. His appetite was fairly good, though he constantly lost flesh. His stomach seemed to be in good condition. I pre-

scribed one-tenth grain doses of the mild chloride of mercury, ten doses to be taken every third day, and a teaspoonful of fitchmul to be taken after meals and at bedtime. With this medicine he began to improve in about two weeks' time. I advised him to keep it up so as to give it a fair trial, which he did. I could note that there was a gradual improvement though there was a relapse on several occasions caused by some imprudence on the patient's part. There was a slow increase in weight and the actions of the bowels were becoming more nearly normal. This treatment was continued for near two months when I discharged him entirely well, and he has since remained so. He gained his normal weight and now states that he feels as well as he ever did, and is enabled to do a great deal of light work.

Case No. 6. This case was that of a child several years of age, who had been troubled with diarrhoea for several weeks. The evacuations were large and watery, of bad odor, and slightly greenish in color at times and often contained small amounts of mucus. There was no blood at any time, as his parents stated. I prescribed fitchmul in ten drop doses every four hours, and advised his mother as to the regulation of diet and the management of his case. At the end of two weeks I was pleased to discharge him entirely well. Since that time he has had no trouble.

Case No. 13. This was a case of dysentary in a woman just about grown. She had been troubled for several days, and when I saw her for the first time there was considerable tenesmus and pain with very small evacuations composed almost entirely of a little blood-stained mucus. There was no fever, however. I gave a dose of epsom salts and prescribed fitchmul in half teaspoonful doses every four hours. When I saw her the next day there was some improvement, and she had rested fairly well the night before. Fitchmul was continued as before. The third day she was still improving. The bowel evacuations were regaining their normal character and there was very little tenesmus and pain. Four days later I heard from her and she had recovered and was doing her work as usual.

Case No. 15. A child, ten years of age, was brought to my office by its mother for treatment of dysentery, which she had been suffering from for several days. The actions of bowels numbered about six daily, but they were accompanied with considerable straining and pain. The evacuations were mostly mucus streaked with blood, though at times there would be a fairly healthy action. There was no appetite and no fever. I administered a small dose, two grains, of the mild chloride of mercury, and prescribed fitchmul in fifteen drop doses every three hours, and asked her mother to report condition on the next day. The next day her mother stated that she did not seem so well off so I called at her house, but found her doing as well as could be expected. I called again on the next day and she was sitting up and expressed herself as feeling much better. Her mother reported four days later that she was as well as she ever was, having no trouble in any manner.

Case No. 22. An old lady, of seventy-one. Had been troubled for quite a while with chronic diarrhoea. Nearly everything she ate would give trouble after it passed through the stomach, and when it reached the intestines it would set up peristalsis and cause the bowels to move several times or until it was expelled from the bowels. The matter expelled was always half digested and was accompanied with a small quantity of mucus and there was a slight inclination to tenesmus and pain. I prescribed one-tenth grain doses of calomel, eight of which were

to be taken on every second day, and also fitchmul in teaspoonful doses after meals and at bedtime. Improvement was comparatively slow in this case for two principal reasons, the patient was old and her vitality low and on account of the exceeding hot weather and humid condition of the atmosphere at the time of treatment. However, I was not discouraged and insisted on her giving the medicine a fair trial. After two weeks I could notice a slight improvement, and from that time on an improvement was apparent to all. She continued to get better, gaining in weight and strength, until three months after she began the treatment when she was discharged entirely cured. She has had no further trouble, and is now as well and strong as any person of her age. This has been one of my most interesting cases and shows what a little intelligent care coupled with agents of therapeutic virtue will accomplish. This one case increased my confidence in drugs and treatments a great deal.

The above cases are related as taken from my case book and illustrate to a great extent what may be expected from the use of fitchmul. It is a remedy of great value for the treatment of all diseases of the mucous membranes, when attacked by inflammations of any kind, but more especially is it of service when the inflammation assumes a chronic form and thereby less amenable to the action of therapeutic agents. Fitchmul has served its purpose well in my hands and its application is constantly extending in my hands every day. I get good results from its use in diseases where I least expected it to be of decided service.

If you dispense, you need Stearns & White Co's. catalogue. Address them at 187 Chestnut St., Chicago. Their large line of pharmaceuticals is very reliable.

CATARRHAL DEAFNESS.

By David Fawdrey, M. D., Watertown, N. Y.

A young man, 22 years old, a student in the Buffalo University, consulted me for chronic catarrh of the noce and inner ear. This trouble was so bad that the patient cound not hear a watch tick when placed against the ear on the right side. The left ear wauld catch a faint tick at six or eight inches. The nose and ear had received treatment from some of the best specialists with little or no improvement. I placed the case on glyco-thymoline to be used three times a day in the nose with nasal douche and a tonic of elixir calisaya, strychnine, and iron and the improvement was marked in a few days. The hearing is nearly normal and he is till using the glyco-thymoline daily, with steady restoration of health in both nose and hearing. I am opposed to the majority of proprietary medicines, but in this case much has been accomplished, and I firmly believe will produce a permanent cure.

PAIN.

Lord Lytton said: "There is purpose in pain." How true is the fact, especially from a diagnostic point in diseases of women. Dysmenorrhea that distressing manifestation of uterine obstruction most frequently caused by congestion is only one of the many instances. To equalize pelvic circulation and remove uterine engorgement is the object to be attained and is best accomplished by administering Hayden's viburnum compound.

Dr. James Charles Copeland says in his "Medical Treatise" in chapter on Menstrual life of Women: "For dysmenorrhea characterized by sharp, colicky pains, there is nothing better than Hayden's viburnum compound."

BRIEF MENTION.

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For suppositories of all kinds address Emil Reyer, Ph. G., South Bend, Ind.

Rheumatol cures rheumatism. It is made by the Rheumatol Co., 272 W. 11th St., New York.

If you have any cases of epilepsy, write Dr. Towns, Fond du Lac, Wis. He will help you cure them.

Geranin compound suppositories for hemorrhoids. Sample free of Emil Reyer, Ph. G., South Bend, Ind.

Huston Bros. Co., Chicago, make reliable electrical apparatus at reasonable prices. They carry a full line of surgical and electrical instruments.

Dr. Becker's compound digest for indigestion has been used for years with great success. Sample free of the Dr. Becker Compound Digest Co., 107 Dearborn St., Chicago.

Calicolo continues to give satisfactory results in the treatment of tuberculosis. Write the Butler Positive Treatment Co., San Diego, California, for particulars.

"Saline laxative is the best thing I can get hold of for dysentery. We are having an epidemic of it here among children and adults."—Dr. T. B. G., Ill. The Abbott Alkaloidal Co., will send you a sample and booklet free.

LISTERINE
IN
SUMMER COMPLAINT

The absolute safety of Listerine, it's well defined antiseptic power, and the readiness with which it lends itself to combination with other indicated remedies, are properties which have led many physicians to adopt Listerine as the antiseptic foundation of their prescriptions for Summer Complaint.

A 32-page pamphlet on this subject, containing many valuable suggestions for treatment, may be had upon application.

Summer Complaints
of
Infants and Children
Lambert Pharmacal Co., St. Louis

ARRESTED FOR SELLING ADULTERATED DRUGS.

Following the recent arrest of John E. King and D. B. Comer, Sr. and Jr., in New Orleans, on charges of having violated the postal laws by using the mails for the sale of an alleged spurious drug, the Post Office Department has issued a sweeping fraud order covering everything that the Comers and King are interested in the drug line. The orders cover the following: The German Chemical Company, The Berlin Trading Company, The German Trading Company, The Fisher Antiseptic Company.

In the order there are also included all the officers and agents of those concerns in their official capacity as well as John E. King, D. B. Comer, Jr., and John Elbert.

Elbert is a new figure in the case. He was not arrested with the Comers and King when the Post Office Department swooped down on them and had them brought before Commissioner Craig on a charge of using the mails to obtain money under false pretenses. This case is now awaiting trial on September 26.

As stated in the exidence, King on July 30, 1901, devised a scheme to obtain money under false pretenses, adopting the name of the German Chemical Company representing to druggists that he would furnish them with coal-tar products, especially Phenacetin-Bayer, at low prices, and imported in the original package as sold in Europe. In place of the genuine article he is alleged to have sent adulterated drugs, opening correspondence with different druggists throughout the United States. He sent postal cards showing on the reverse side a fraudulent price list. This included the drugs commonly known as sulfonal-Bayer, trional-Bayer, and phenacetin-Bayer. The statement in the case of the Comers was about the same.—New Orleans Daily Press.

A SCOTCH DOCTOR'S OPINION.

The Quarterly Journal of Inebriety, so well and favorably known through the instrumentaliy of its brilliant and philanthropic editor, T. D. Crothers, A. M., M. D., quotes the following statement in reference to pain relieving remedies, from one of Great Britain's noted medical men, Dr. John Stewart Norvell, Resident Surgeon, Royal Infirmary, Edinburgh: "Antikamnia tablets are a remedy for almost every kind of pain, particularly for headaches, neuralgias and neuroses due to irregularities of menstruation. They act with wonderful promptness; the dosage is small, two tablets. The undesirable after-effects so commonly attending the use of other coaltar analgesics are entirely absent and they can therefore be safely put into the hands of patients, for use without the personal supervision of the physician."

WHEN TO OPERATE IN APPENDIDITIS.

Now or later? That is the question. While undecided use antiphlogistine. Spread warm and thick over the abdomen and cover with absorbent cotton and a suitable compress. When used early the inflammation is often resolved, the attack is cut short and operation become unnecessary. The dressing should be renewed when it can be easily peeled off, generally in 12 to 24 hours.

All physicians living in hilly parts of the country, or where very poor roads, should at once supply themselves with a proper road cart. Made by D. F. Sargent & Son, Geneseo, Ill.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. VII. JANESVILLE, WISCONSIN, OCTOBER, 1904. NO. 10.

LEADING ORIGINAL ARTICLES.

COMPLICATIONS OF FRACTURES AND AMPUTATIONS.

By Thomas H. Manley, Ph. D., M. D.
New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

As I have before stated in the Recorder it has been my custom in hospital and private practice to endeavor to demonstrate that conservatism is not only the most humane, but the safest course to pursue, when a limb has been so shattered that the question of amputation may arise; and adopt those means by which, when properly utilized, primary amputation may be abandoned altogether in civil life. The mangled limb has been cleansed, hemorrhage subdued, and comfortable dressings applied, and our patient placed in bed. We wait and observe the limb, for, in many cases, time alone will determine its fate. Now, in order to afford our patient the best prospects, not only is it necessary to clearly understand what the phenomena of mortification and gangrene are, but to anticipate their onset; and should they appear be prepared to intelligently interpret the signs which precede them.

It is likewise highly important that the various phases of asphyxiation or decomposition about to set in are early recognized and actively treated, on such lines as the changes in the anatomical elements indicate. Without being thus prepared for the rational and skillful management of such cases, probably our patient's prospects would have been equally as good, or better, had the damaged limb been immediately sacrificed after injury. It may be observed that immediately after a grave injury to a limb there are no symptoms or signs by which it is possible to estimate with precision the degree of vitality remaining.

The limb in common with the whole body is cold; after reaction sets in, heat may return completely or partly. It may remain icy cold. When this frigid state of the limb persists more than forty-eight hours, it is a certain precursor of mortification.

Dupuytren was the first who called attention to the importance of this symptom in prognosis here. He found by the use of the thermometer that the temperature in a limb about to mortify is lower than that in the dead body, and that of the surrounding atmosphere. When along with this abstraction of heat, sensation is lost, a greenish-gray color covers the skin, and a gaseous crepitation is felt under it, the parts

are hopelessly mortified, and decomposition is advancing.

Happily in a considerable number this advent of mortification is not so sudden, the temperature gradually lowers; here and there are other significant symptoms that will warn us of its approach. A gradual diminution in sensation, with changes of color in skin, especially near the toes, with total loss of power in the damaged limb, is often a forerunner of mortification when the lower extremity is damaged. But it is important to know that the behavior of a gravely traumatized limb, in the beginning, varies; a badly injured limb is much like a grave injury of the body, of which it is but an appendage.

For example, in some instances, one is killed outright; in others, after a varying period, deep shock passes off and the patient recovers; in others, again, full reaction never sets in, but collapse gradually deepens and the patient sinks.

So in some crushes of a limb, it may be killed outright, as it were, animation never returning. In others, the member is but temporarily devitalized; there is a species of "suspended animation," the circulation returning after varying intervals. In another class there is but an imperfect return of the vital processes, and death of the limb sets in. This last type, in my experience, is alarmingly mortal to the tissues and calls for prompt amputation.

Traumatic Gangrene.—This type of diseased action is frequently encountered after nearly every description of serious injury of an extremity or any of its appendages. As it is dependent on a variety of causes, so it presents a considerable diversity of phases. Its fundamental etiological factors are chiefly two: (1) Violence to the tissues, mechanical disorganization; (2) chemicosentic changes consecutive to injury. As an illustration, great violence being applied to a limb, its main arterial trunk is damaged and the vitality of the parts is imperiled by anemia and impending asphyxia, until the collateral circulation is established, which is not enough, perchance, to preserve and nourish all the distant parts. The too tight application of a splint, in a fracture, may shut off the lumina of the larger vessels, when the parts supplied by them maintain thereafter a feeble existence or perish. In certain fractures, a spicula of bone crushes through the trunk of a large artery, and thereby so impedes the circulation to parts beyond that the surface tissues may part with their vitality.

In another class, violence favors the development of grangrene by impairing the vitality of the parts on which it falls; vessels are torn open, nerves lacerated and muscles severely contused. Therefore, an injury, per se, is an active cause of gangrene, varying in its effects, according to circumstances.

But in a large member, force is only the proximate cause. The deep parts are opened; a stagnant congested state of the circulation exists over the seat of injury, inflammatory changes have begun. The tissues are but feebly resistant to eccentric influences, and changes of decomposition commence; toxic elements have penetrated from without. There is undoubtedly toxic infection; bio-chemical or microchemical changes are in operation. Whether, indeed, the entrance of some specific germ is the first step in gangrenous changes, or it is brought about through chemical influences stimulated into activity through the action of the atmosphere on feebly vitalized tissues is immaterial.

Modern bacteriological studies would seem to prove that infection of pathogenic germs is alone responsible for the primary pathological changes; but it is well known that the atmosphere plays an important role, as does also the general condition of the patient, above all,

in diabetes and in tubercular subjects.

The symptoms which indicate the approach of traumatic gangrene in a limb in serious injuries are general and local. With the onset of those inflammatory changes which precede the sloughing or devitalization of the tissues, a well-marked chill, is experienced, the temperature rises and the pulse quickens; the appetite is lost and thirst is urgent. General debility is marked and the patient sleeps little. These are the usual concomitant disturbances noted, though there are occasional instances in which gangrene sets in, in the most subtle, insidious manner. The day before, the limb may have presented all the signs of a healthy vitality, but, after an interval of twenty-four, or forty-eight hours, on removing the dressings, we are appalled to find an extensive area cold, insensitive and dead. Such cases, however, are very rare indeed; and if we investigate them we discover, as a rule, that some oversight has been committed, that nature's danger signal, great pain, was blunted or destroyed by over-dosing with morphine; that the case was injudiciously treated, or neglected, until too late.

Of the local subjective symptoms, there is one whose significance is of more importance than all the others combined. That symptom is pain, not of a moderate, intermittent description, but a grinding, excruciating, incessant agony. It racks and agitates the whole frame. The pain of incipient acute gangrene is always of a most intense and excruciating character. We read it in the deathly pallor of the patient. Indifference to, or a disregard of this symptoms on the part of the medical attendant has resulted in the needless sacrifice of many a limb which should have been spared. In every variety of fracture or traumatic disorganization of the soft parts overlying the osseous structure, when severe persistent pain sets in, of such severity as to make comfortable rest impossible, and to provoke marked constitutional disturbances, we should act promptly in exposing the parts and endeavor to ascertain its cause. Besides this symptom there are other signs, which, when correctly interpreted, will generally point with precision to the true character of the lesion. Along with the coolness of the toes, when the leg or foot is traumatized, we will notice a blueness of the nails, an edema of the tissues and a limited anesthesia. Pulsation of the arteries has ceased, and we will observe that when we press the blood out of the subcutaneous capillaries, they fail to refill. But it is necessary to observe caution in all cases at the onset, at least, that we do not prematurely condemn and amputate what might be saved; for we will sometimes see the tissues covered with blebs, congested, purple and boggy, which, after the active institution of local remedies, suddenly undergo the most remarkable, salutary changes.

Under certain circumstances, surface appearances will deceive us. For example, the foot or hand has been crushed; swelling with active inflammation ensues, in vain we apply local remedies to reduce them, and wait, assuming that inasmuch as the integument is sound the deep parts are intact; but in time, deep suppuration becomes evident; we open the tissues, and, behold! loose dead bones, with large sloughs, broken down tissues in every direction. How it comes that a car-wheel may pass over a foot or leg, or it may be violently struck a concussive blow, yet have its bones extensively shattered thereby, and other deeper tissues disorganized, while the cutaneous investment escapes extensive laceration, is not easily explained; but more than once have I seen the bone-shaft crushed into fragments, while the overlying skin was unbroken.

Gangrene, as we have seen, is a dis-

ease, which is characterized by its tendency to advance into healthy tissues, and destroy, as it extends; the necrotic rotten residue which it leaves we designate "sphacelus."

In mortification, after reaction has become established, changes of decomposition involve the dead tissues, when they are clearly separated from the living by a distinct, demarkating line, as a general rule. This is most commonly witnessed in traumatic gangrene.

Gangrenous processes may spread far up, through, and under the muscles, while the integument remains whole and free. It may, on the other hand, even involve but one set of muscles, and spare the others. The following short note on a case will illustrate this: A boy of ten years came under my care, who had sustained a fracture between the condyles of the right knee and a compound fracture of the upper third of the fibula. His limb had been caught between the spokes of a moving cart-wheel, and had suffered great violence. It was evidence that the posterior tibial artery had been seriously crushed, for the parts supplied by it soon showed signs of incipient gangrene. For several days the limb presented a threatening aspect; but, in time, communicating branches became competent to carry on the circulation, and limited function returned. The fragments united, but through an opening just posterior to the middle of the shaft of the fibula, the macerated, gangrenous, fleshy parts of the peroneus longus and flexor longus digitorum were discharged, completely disconnected, with other osseous origin and tendinous termini. The little fellow finally escaped with a fairly useful limb, though there was a marked linear depression over the area occupied by expelled muscles. This was the first instance of muscular gangrene I had ever seen.

Everyone knows that gangrenous processes may attack and destroy one tissue alone, after an injury, while all the others escape. This is called necrosis, and probably is the most common type of the process we encounter. Every surgeon whose practice brings him in contact with serious traumatisms is familiar with the fact that vast areas of the integuments become the seat of gangrene, and fall off in stiff, charred casts, leaving all the tissues underneath with their vitality unimpaired; when the limb may possibly be amputated for no other purpose than to secure a skin flap, above, to cover in the denuded surfaces.

Treatment of Mortification and Gangrene.—Strictly speaking, in their etymological sense, the two terms, mortification and gangrene, are integral parts of the same process; the one kills and the other deals only with disintegration, and disposing of the dead tissues. But clinically and pathologically the distinction is wide, and a knowledge of this fact has an important bearing on a rational therapy. In the one case, we see a finger, hand or arm, a part of which has been quite totally destroyed; but it preserves its connection with the body. Cold, bloodless and senseless, we are quite certain it has perished; its vascular supply has been destroyed, and decomposition is quite certain to speedily follow. Mortification sets in now. For the purpose of separating the dead from the living, a vitalized wall is thrown around the limb, at which point all the vessels are stenosed or obturated, and spontaneous severance begins. The process is a limited one. We can see that therapeutic effort is futile in the way of restoring vitality. Therefore, we have done our full duty when we have staunched all hemorrhage, placed the damaged limb in a comfortable position, sterilizing or cleansing the injured parts with thoroughness, and apply an-

tiseptic dressings. This line of practice is generally observed by myself in all serious crushes of a limb, instead of having recourse to immediate amputation. It is true that we make no impression on vital changes; but we give our patient time to recover from the grave general shock which almost invariably attends these traumatisms, while the damaged part is slowly preparing to elide itself from the body corporate which it so long aided to maintain. Besides, as time pencils off the dividing line above the sphacelated tissues, we know precisely the point at which we will make resection, or employ the amputating knife.

Mortified tissues are bloodless. As strangulation of the circulation and consecutive asphyxia invariably lead to it, it is, therefore, clear that inflammatory action is absent in the invaded tissue, and we have no occasion to make provision against hemorrhage.

Our treatment of mortification in its early stages, at least, must bear the stamp of extreme conservatism. If we would carry our case to a successful issue, we should direct a large share of attention to our patient's general condition. Let us look closely to environment, diet, and psychic influences. Opium, that peerless mental exhilarant and unrivalled antidote to pain, is more valuable than all other medicinal agents, given in any description of serious traumatism. Let no one heedlessly discard this by the seductive claims of other medicaments, for none can equal it.

But let it be opium, and not morphine, codeine, or other of the alkaloids, for they are more dangerous, and none can be substituted for it in this class.

Certainly it will not be administered at all, if the indications for a narcotic or a sedative are not urgent, and under all circumstances must its employment be governed by strict attention to its effects.

Mechanical or artificial interference comes in as a finale to mortification, simply for the purpose of hastening a process that it had initiated, and amputation is called for.

Gangrene.—Gangrene being a much more complex process than mortification, and its course being influenced by a diversity of causes when produced by trauma, no fast or fixed lines can be drawn in its treatment. The clinical history of traumatic gangrene presents many distinguishing and definite characteristics, which lead me to believe they should be considered apart from those which go with mortification. The causes of traumatic gangrene are determining or constitutional, and direct or local. With one suffering from atheromatous arteries, or whose tissues present a feeble vitality, a slight abrasion or a moderate contusion may fail of repair, or may be followed by gangrene.

Subjects of diabetes mellitus are specially prone to gangrenous change following trauma. It is no doubt through this cause that sometimes, after simple incisions into healthy tissues, they suddenly become putrescent, foul, and rapidly decompose.

Dr. Robert Taylor, of New York, has reported a case, in which, after a simple urethrotomy, performed with every precaution, gangrene spread into the preineum, advanced into and attacked the pelvic viscera, rapidly proving fatal.

Last autumn a large heavy man, 55 years old, very fat, was operated on by me for an incarcerated inguinal hernia. The operation was not difficult, every precaution was taken against contamination of the wound. The fourth day after the operation everything in the vicinity of the wound was one mass of putrescence, and the patient succumbed.

An old man, of a fine physique, who some years before had injured his right popliteal artery, now while removing an ingrowing toe-nail accidently nicked the skin with the blade. A gangrenous sore followed, which soon threatened the outer half of the foot. A prominent surgeon called in declined amputation, because the patient's urine was highly saccharine. In a state of great distress he sent for me, when I amputated the infected member. But within forty-eight hours, gangrene returned, and in the course of one night after the onset, it overspread the whole foot and threatened the ankle. Another amputation was promptly performed, this time close to the knee joint. Fortunately primary union and recovery followed. I am not sure, however, whether glycosuria in these cases is a cause of gangrene de novo or a coincidence. In my hernia case there was no trace of sugar in his urine; and many times have I operated in well-marked glycuronic cases, when the wounds have done well. But there are constitutional disturbances and conditions which exert a positive influence, both in the origin and spread of gangrene. These predisposing and determining factors should be allowed their full weight when deciding our course, when the disease presents itself. Some of them may be eliminated and others are quite beyond our reach.

The local phenomena which gangrene presents, are not uniform, but vary according to circumstances. In severe contusions of the toes we may find the circulation exceedingly languid or temporarily suppressed; the nails are blue, and the integuments cool, but in healthy young subjects, by the aid of artificial heat and rest, in a while warmth returns, and vitality is returned. In other similar cases, severe pain sets in with active inflammatory changes; lividity is not so marked, but the toes are puffed and exquisitely sensitive. At a varying rate this condition extends back into the body of the foot, the pain in the meanwhile continuing very severe, with marked constitutional disturbances. Gangrene may advance along on one side of the foot, or the other, or it may creep up across the entire width at once. Gangrenous processes may suddenly cease in their incipient stages, and resolution so completely follow that no trace of them remains. Inflammation ceases, the extravasated blood and inflammatory deposits are resorbed, the staining of the integument is bleached out, sensation returns and full function is restored.

For the above type of traumatic gangrene, resulting from contusion, various lines of treatment must be adopted, but they in the main equally apply to gangrene, from puncture or septic intoxication.

One has sustained a deep puncture through the pulp of a finger or toe, little is thought of it, and the parts are well in a few days; but in another, the finger festers, swells, and becomes intensely painful. Inflammation spreads and the other fingers become involved, as the condition spreads, and crosses the webbing line below.

Gangrene may follow from the bite of an animal or venomous reptile; some sort of a deadly ferment is deposited in the tissue, which not only destroys the vitality of the part into which it is injected, but it spreads upwards towards the body and destroys with appalling rapidity, if the part which was primarily infected be not promptly amputated. Cadaverous poison acts in a similar manner.

A man came under my care, seven years ago, who was stung the evening before by a rattlesnake, which he was exhibiting. Immediately he lost sensation in the first joint of the index finger, which was stung; in less than an hour the whole finger was cold,

numb and black; by midnight (he was stung at eight in the evening), all the fingers and the whole hand were cold, stiff and inanimate. When I saw him at eight o'clock the following morning the whole arm and shoulder were in a state of advanced gangrene. The pulse at the wrist was gone; the arm cold, black and bloated. The blade of a scalpel could be passed painlessly in anywhere from the wrist to the shoulder. A greenish-black, horrible smelling ichor exuded. The immediate application of a constrictor over the forearm, with prompt amputation, might have saved this man's arm and life. The incipient signs of gangrene must be met by radical measures, but not necessarily operative.

For the tumefied congested tissues, probably nothing will afford so much relief and put a stop to its course as numerous incisions, the free abstraction of blood with a thorough immersion of the parts in a solution of carbolic acid. This is to be preferred to any other antiseptic, because of its sedative effects on the exposed surface. Warm, moist, sterilized dressings are then applied. It is unnecessary to say that "prevention is always better than a cure," and that in all complicated fractures we should never apply rigid bandages or dressings until inflammatory symptoms have subsided, and the danger of strangling the circulation is past.

The question when to amputate in traumatisms can be decided rather by experience than by any formulated set of rules. In mortification, when the line of demarkation is formed, it is answered. But we have no such guide in gangrene. Though more than one author lays it down as a rule, that we should not amputate in this condition until the line of demarkation is formed, and then we should carry the blade through the circle, by a strict observance of this rule, serious evil is certain to result.

In incipient gangrene of a toe or finger, for example, after being assured that gangrene has commenced in a contusion, or a punctured wound, which has become infected, if we hope to cut short its march, one or more of the phalangeal joints must be immediately amputated. Possibly so extreme a measure may be obviated by the substitution of some other less radical operation; but at all events what is done must be done early before other neighboring parts are contaminated, and long before any demarkating line is apparent. The older writers used to say that we should not amputate in "hot gangrene," but Larry, Guthrie, Hennan, McClintock and others of great experience contradict this view. The rule, however, will hold good in what is known as senile gangrene and mortification, succeeding a traumatism which destroys part of a limb. In peripheral gangrene commencing in a finger or toe, which endangers a limb through septic diffusion along the lymph channels, we entirely disregard this rule, and make a severance through such a line as we believe preserves its vitality. The dread of not going high enough up, beyond the infected tissues, and the chances of a fresh infection seizing on the divided tissues was what inspired this precept. My experience has not confirmed this view; on the contrary, in my earlier hospital service, by a sort of a religious observance of it, I have seen this death-dealing malady slowly creep close to the trunk, while we waited for the line of demarkation, and then only interfered when the whole limb was imperiled. A timely amputation, a thorough disinfection of the flaps and stump, with free drainage, will call a halt on the course of a gangrene, with as much certainty as extraction will annul a toothache. But

the work of eradicating all infected tissues must be thorough, and the surroundings must be favorable to recovery. It is almost unnecessary to say that much of one's success in these cases will depend on the general condition of our patient. Under any circumstances as far as local treatment of the case goes, if we have one with a broken-down constitution, in insanitary surroundings, inadequate diet and nursing, our case is quite certain to do badly, whatever the course we adopt. A nourishing diet, with plenty of stimulants, if there be great bodily weakness, pure air, and cheerful surroundings, are most effective, constitutional antidotes to consecutive gangrene. For medicine, quinine, the bitter barks, acids and iron, with small doses of mercury, if there be a specific taint, are called for.

If we would have the wound do well, we must look diligently after our patient's general condition, attend carefully to his digestion and his emunctories.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 330, Sept. Recorder)

OSTEO-MYELITIS.

In the September issue the subject of traumatic osteo-myelitis was considered briefly. We have another form of osteo-myelitis in which there is no apparent external injury yet in which there develops a diffuse or localized suppurative process of one or more of the bones of the skeleton. This condition may be of so grave a nature as to result in a fatal issue in but a few days and before the practitioner has even suspected the nature of the disease. The local manifestations of this disease may never be very distinct, and they may be so oversbadowed by such grave constitutional symptoms as to entirely escape the notice of the painstaking, conscientious physician.

Whenever the physician is called upon to examine a patient, who is apparently suffering from an acute infectious disease, he should examine such a patient so as to exclude, if possible, the possibility of osteo-myelitis. This should particularly be the case where the patient is a child or is in early adult life.

The disease is ushered in by an initial chill which varies in severity. There is a rise in temperature and an acceleration of the pulse rate. The extent and number of the suppurative foci which develop, and the degree of absorption from these foci of toxic material will influence the constitutional symptoms. In a few cases the profound systemic poisoning will result in the early development of a typhoid condition and as a result the local symptoms will be overshadowed.

As a rule distinct local symptoms are present and these are easily elicited. As the result of the inflammatory condition tension is produced in the unyielding bone and severe boring or throbbing pain develops.

The inflammatory process begins in the medulla of the bone so that in the earliest stages of the disease, tenderness may not be elicited by slight pressure along the shaft of the bone. The physician should, in examining the acute infectious disease, not be content with merely passing his hands along the long bones as too many do but should make decided pressure and then it is well to lift each heel slightly from the bed and to strike it smartly with the hand so that the entire limb will be jarred. This jarring will

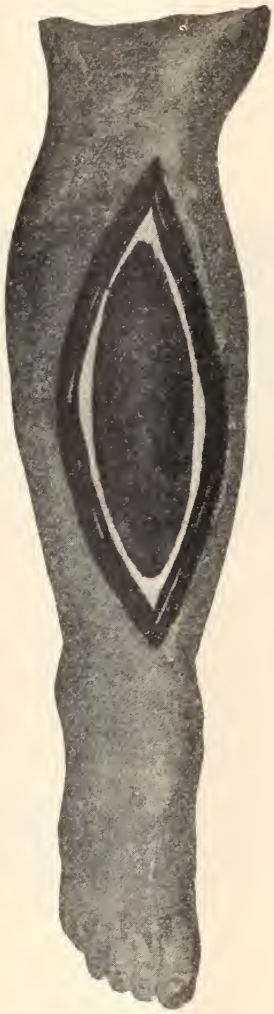

FIGURE 1.

FIGURE 1—Illustrates the operation for osteo-myelitis, the cavity of the bone having been freely exposed, the infected material removed with the gouge and then the parts mopped out with the carbolic solution followed by alcohol. The wound is to be packed with iodoform gauze and active measures taken to control the suppurative process.

FIGURE 2.

FIGURE 2—Illustrates the method of free drainage of the knee joint following infection. The tubes serve not only to permit of the escape of infected material but also allow access of the irrigating solutions.

sometimes elicit pain before there is a tenderness or pain complained of along the shaft of the bone. As the inflammatory process extends through the shaft of the bone and involves the periosteal covering of the bone as occurs in some instances the tenderness increases, while in other instances the tenderness never plainly develops owing to the severity of the intoxication and the patient passing into a typhoid state where nerve impulses are in abeyance owing to the semi-conscious condition of the patient.

Loss of function of the affected limb occurs, and the patient will not permit it to be lifted or manipulated freely. The veins of the affected member become distended and much more easily seen through the skin. The skin is not discolored until the inflammation has extended beyond the bone and periosteum. The deep veins may become blocked as the result of a thrombo-phlebitis and marked edema of the limb may develop as a result.

In all acute febrile disorders, especially where the patient is under twenty-five years of age the physician should not be content with a diagnosis until he has excluded this disorder as many a physician has allowed this condition to go on to a fatal termination without recognizing its nature.

The condition should if possible be recognized and operated upon before the process has extended to the periosteum as by so doing the severity of the disease will be much less and the mortality lowered thereby.

It might be possible by decided antiphlogistic measures to prevent a serious inflammation going on to suppuration, if a diagnosis could be made in the very beginning of the process, but by the time distinct symptoms have manifested themselves clearly it is too late to prevent suppuration and the safest plan is to make an aseptic exploration of the medulla of the suspected bone.

If there is distinct tenderness over the suspected bone the most tender point should be found and accurately noted before the patient is anesthetized. This point should mark the site of the first opening in the bone, as it will be in the nature of an exploratory opening even where the symptoms are distinct.

The soft parts are reflected down to the bone, and a chisel or trephine may be used for exposing the medulla. Where the suppuration has occurred the incisions should be extended in the soft parts so as to permit of a free opening of the bone and the removal of all the infected marrow. It may be necessary to gutter a long bone from end to end in this operation, and to facilitate the work the blood vessels should be constricted above the site of the operation. When the infected contents of the medullary canal have been removed the canal should be mopped out with ninety-five per cent. solution of carbolic acid and then with alcohol. The wound should then be packed with iodoform gauze. Antiseptics should be used freely in the after treatment of these cases, until the suppurative process is safely under control.

Where the infection has extended beyond the bone the pus should be freely evacuated and access should be secured to all parts of the infected medulla, although it may be better not to attempt to gutter the bone as it may result in fracture.

Large portions of the shaft of the bone may be bereft of vitality and separate as masses. Such is termed a sequestrum, and an attempt should not be made to remove such until it has separated.

Where a mass of dead bone has separated and its removal is likely to endanger the integrity of the bone it should be left in place until a sufficient

amount of bony tissue has formed about it to presrve the integrity of the limb.

In suppurative inflammations involving the synovial cavity of the knee, it is highly important to secure free drainage. The joint should be opened on each side of the patella above and below and tubing carried from opening to opening to permit of the free egress of the septic materials and also to facilitate irrigation of the cavity of the joint.

THE OPERATIVE TREATMENT OF FRACTURES OF THE PATELLA.

It is a common occurrence for the practitioner to be called upon to treat patients suffering from a fractured patella, and far too often an unsatisfactory union of the fragments of the bone follows a non-operative treatment.

Some surgeons have been able to show a series of cases of this kind treated without any operative interference where the outcome of the cases has been satisfactory, but this is the result only in the hands of a few, and cannot be hoped for by the entire profession.

Where a fracture of the patella occurs the diagnosis is comparatively easy as the bone lies close to the surface. The upper fragment separates from the lower as the result of the traction of the powerful muscles above, and portions of the fibrous sheath over the bone are drawn into the interval between the fragments. The fragments thus even when drawn together are so separated by these portions of the fibrous sheath which has been drawn between them as to prevent crepitation.

The fragments of the bone may be carefully drawn together and held by a suitable dressing and still unsatisfactory union of the fragments may occur. If the fragments cannot be drawn together or if after they are apparently approximated the bones cannot be rubbed together so as to elicit a distinct crepitus, the operator will be far more certain of a good result, if he will cut down upon the fragments, remove from between them any intervening fibrous bands and then suture the fibrous tissue so as to hold the fragments closely together. Some have recommended that the fragments be drilled and be then united with silver wire, but this I believe to be unnecessary and unduly complicated as union of the fibrous tissue over the fragments by kangaroo tendon sutures followed by immobilization will result in the securing of good union in a satisfactory percentage of cases.

(To be continued.)

HOW TO WRITE, FILL AND DISPENSE PRESCRIPTIONS.

By Ralph St. J. Perry, M. D., Farmington, Minnesota.

A Lecture Delivered Before the Senior Class of the College of Homeopathic Medicine and Surgery, University of Minnesota.

(Continued from page 339 Sept. Recorder)

Having told what a prescription is we will now show how to write one. The first thing needed is a prescription blank. Of these your druggists will supply you with an abundance, some of them with your name, office hours, etc., on them, all of them with the druggists' names and addresses on them. These druggists expect you to send them business to repay them for the blanks furnished; some of them will even offer you a percentage upon what business you may send them. The best way to do is to have your own blanks printed and tell your patients to get their prescriptions filled by any druggist in whom they have confidence. You can inspect the preparation after filling,

and if not up to the standard file your protest with the druggist quietly, don't make a neighborhood row over the matter as it is possible that an investigation may show the fault to be yours and not the druggist's, and then you lose prestige. A form of blank which I have used for years is given here:

RALPH ST. J. PERRY, M. D.,
General Surgery, -- Diseases of Women.
FARMINGTON, Dakota County, MINNESOTA.

☞ This Prescription is not to be copied, altered, or refilled except upon my written order.

This is a blank that no reasonable druggist can object to, and that little line of small type definitely places the responsibility for accidents due to refilling, copying or altering the prescription, it protects me against the patient who passes the cough remedy all around the neighborhood or who gives his friend in distress a copy of "the prescription that cured him in three days." The question of the ownership of the prescription has been a mooted one for years. I believe the concensus of legal opinion now is that the druggist is entitled to keep the prescription as his record of what he put into the preparation, and he must keep it safely filed away and numbered where the physician who wrote it can refer to it at any time. No one except the physician has a right to copy, alter or order it refilled, especially when he explicitly interdicts any such act. The patient has no rights at all as the prescription is regarded as a professional communication between the physician and the druggist covering the special requirements of the individual patient at that particular time and was not written for the benefit of the entire family, the family friends, or any old Tom, Dick or Harry, Mary, Jane or Susan who happens to suffer from similar troubles. Many physicians preserve carbon copies of their prescriptions, which is a good idea, especially if you are practicing in a town of many pharmacies. A better scheme yet is to write all prescriptions in a book and fill them yourself—an idea I will enlarge upon later.

Let's get back to our prescription. Having made the diagnosis, determined upon the remedy, adjuvant, corrective and vehicle, the next thing is to decide upon how many doses to order. As a general rule it is better to order a few doses and have your patient call for more of the medicine that did good than it is to order a large quantity and have a third of it left untaken to stare the patient in the face every time the closet is opened—a reminder of "wasted money" for unused drugs. That reminds me: always have your patients destroy unused medicines; they are too dangerous to have laying around loose, especially if there be children in the house or men who drink out of bottles in the dark. Now write down your remedies in their order; then begin with the base and write after it the quantity necessary to make the number of the sized dozes decided upon. Continue this until finished with your vehicle. In case of an unusually large or small doze of a drug it is advisable to call the druggist's attention to the fact by making after the amount an O. K., or other sign, (O. K.) or (!), thus showing him that you have so prescribed deliberately and knowingly. After having written your prescription look it over carefully for mistakes in names or abbreviated names of drugs and in dosage. It is safest to avoid abbreviations as many of them are ambiguous. If everything is correct, sign it and deliver to patient. As a parting bit of advice on prescription writing I would say, for the druggist's sake, for your patient's sake, for your own sake, for God's sake, write legibly.

* * *

There is a subject which comes not within the realm of prescription writ-

ing, yet which manifests itself there very often, and that is incompatibility. This properly comes within the field of chemistry, pharmacy and therapeutics and should be taught with those branches, yet very few teachers give prominence to it and the average physician is constantly prescribing drugs which are in some way or other incompatible. The various forms of incompatibility are:

Physiological or therapeutic.
Physical.
Chemical.
Thermal.
Actinic.
Aesthetical.

These terms are self-explanatory and to go into details in each instance would call for another lecture which would infringe too much upon our time. Besides, you can learn all about incompatables from any good text book on pharmacy, materia medica and therapeutics, of which there are many in the library.

* * *

The question of whether to do your own dispensing or not depends a great deal upon your surroundings, your pharmaceutical capabilities and your financial condition. Personally I long ago determined to do my own dispensing; my local druggists did not always fill prescriptions as I ordered. I had the experience and knowledge, I possessed the capital to purchase the necessary equipment, and my business was not so rushing but what I had time to dispense. Since my work has gradually changed into the sanitarium business the desirability of doing my own dispensing has increased. With a patient in my own house, under my immediate supervision, in charge of my own nurses, taking medicines prepared in my own drug room and eating foods from my own kitchen, that patient is absolutely under my control and the chances of improvement and recovery are immeasurably increased. You who are soon to go out into the world and who desire to do your own dispensing, let me advise as to your equipment.

Buy a set of good scales, not the toy pocket scales sold for half a dollar, but a good balance scales. Such a set can be purchased for about $3.50, including weights. If you can afford it get a pair of torsion balances. Keep your scale pans clean and the knife edge of your balance beam free from rust or verdigris. If the scale does not balance correctly do not try to correct the error by bending the indicator, but do so by sticking a little beeswax to the underside of the lighter pan. Once a month or so take the scales entirely apart, thoroughly cleanse and polish, then reassemble. In buying the weights get a set of aluminum grain weights, and brass heavier weights from half scruple to two drachms. Keep your weights clean but do not scratch them in the cleansing lest they lose their accuracy. If you are "really truly" scientific or possess a metric education buy the metric weights and measures, but with all due deference to the higher authorities, let me say you will be awfully lonesome in your metric work. In the line of graduates you will want one each of the minim, two, four and eight ounce sizes. These should be with the etched scales; the two-ounce size will be graduated in drams and the eight ounce size can be marked with both apothecary's and metric scales. Of spatulas you will want at least two; the four-inch blade is a convenient "all around" size. You will also want a horn spatula for mixing acids, etc., which would attack steel. For grinding drugs, mixing powders and working up pill and capsule masses a mortar and pestle are necessary; a four-inch wedgewood is most convenient. Never mix ointments in a mortar. For rolling and cutting pill masses and mixing oint-

ments buy a double-sided pill tile; graduated on one side for cutting out pills and capsule mass, and plain on the other for mixing ointments and cerates.

In dispensing you will want bottles. Buy a good quality of flint glass, never use green glass as it is cheap and "patent-mediciny" and gives your patient a poor impression. Select a suitable style of prescription vial and use that one style continually. In sizes you will want one, two and four dram, and one, two, four, eight and sixteen ounce. These will come to you covered with factory dirt and dust and they must be washed before being used. In ordering your vials order corks to fit them, and buy the best quality of corks, as a cheap cork will leak and soon break to pieces. Rubber stoppers are needed for some corrosive substances, or a plain cork can be boiled in paraffine until saturated and so rendered acid and alkali proof. In the way of labels you will need several sizes to suit the various sizes of bottles and boxes used in dispensing. If you live in a dry climate get the gummed labels, if in a moist, damp, humid climate get plain labels as the gummed kind will soon become stuck in one inseparable, profanity-provoking mass. You will also want a supply of "stock" labels such as poison, shake, external use only, keep in a cool place, etc.; all of which can be purchased for a few cents per hundred and can be had in English and German. In sticking labels to tin boxes the tin must first be scratched, or coated with some gum or resinous varnish before the label will adhere firmly.

If bottles are to be carried several miles to the patient's home, or are entrusted to children for delivery, it is a good idea to secure the cork in place by means of a paper cap securely tied in place. A supply of one ounce ointment boxes, either seamless tin, impervious wood or grease-proof paper is necessary. Also one or two sizes of powder boxes. Of powder papers there is a large assortment. A convenient size is about 1½ inches by 3 inches, and you will want three kinds, white, red and waxed paper. In preparing two batches of powders for the same patient, or for two patients in the same family or house, use different colored papers to prevent their being mixed. Deliquescent powders should be folded in waxed papers to protect them from atmospheric moisture Under ordinary conditions powders, tablets and pills, if not too large or too numerous, can be dispensed in small drug envelopes. These same drug envelopes can be used as covers for tumblers when you see fit to extemporize at the bedside; split the sides of the envelope, lick and stick the gummed flap to the side of the tumbler and fold the part upon wich you have written your directions over the top, thus protecting your medicine against dirt, dust and insects. Tell the patient or nurse to keep the spoon out of the medicine instead of in it. If you are "dead sure" of the fealty of your family it is not a bad idea to present them with a medicine glass with your name blown in the bottom . In fact I have always believed it was better to have your own name upon your prescription blanks, labels, boxes, bottles, etc., than to have some druggist's name thereon. Why not boost your own financial condition as well as that of some other fellow?

HYDRASTIS CANADENSIS.

Hydrastis canadensis is a good stomach tonic and a very mild cholagogue It softens the stools thereby making them more frequent. It also sustains the circulation in the veins.

It adds very much to the efficiency of my favorite prescription for malaria.

J. A. Burnett, M. D.
Pauline, Arkansas.

ALIMENTATION.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Believing that in many instances the regulation of the diet of sick persons is productive of injury, owing largely to its being too restricted, the following remarks have been prepared more for the purpose of indicating certain general rules to be followed, with a view to have the diet of the invalid selected in acordance with the demand of the stomach, rather than in conformity with certain rules such as we observe in dispensing our medicines. This appears the more necessary from the fact which cannot be denied, that frequently disease follows upon certain self-imposed regulations concerning food, which in the end prove decidedly unfortunate for the patient. While we cannot wholly overlook the testimony of some authors who have made extensive observations concerning the direct and remote effects of certain kinds of food, the fact remains that few physicians are in a position to control their patients, nor have they the necessary data to determine themselves the actual demands of the system, but the present subject does not admit of more than a brief reference to the subject.

There is one form of aliment which has been universally employed for centuries past, and still must be accepted as the best because all attempts to add to our methods of nutrition have been with a view to supply something which shall be as nearly like it as is possible for human ingenuity to imitate nature and its superiority, yet maintained. We refer to the use of milk, without which it would be almost impossible to conduct many of our cases to a successful issue. And yet, there are times when this form of nourishment cannot be given, as the patient rebels against it and we must seek for something instead. The reaction which has recently set in against milk may be due in part, to the discovery of Professor Vaughan of an active poison which he has named tyrotoxicon; but the development of this poison should not cause its wholesale rejection. A more cogent reason perhaps is to be found in the interest taken in this matter by manufacturers who have something in the way of a substitute to offer, but all such preparations should be used with caution, because they are no more certain to be free from the objections urged against the milk, than is the milk itself. If a poison is liable to develop in milk which has not received proper attention in the matter of cooling, it is quite as likely that a similar accident may occur in the artificial preparations which are offered in place of it.

What is true of milk is also true of all the digestive ferments, and applies with equal force to artificially digested products. But peptonized foods in great numbers and varieties are now on the market, and doubtless many of them are efficient; but they are not entirely free from the dangers apprehended from the use of milk. In the case of organic affections of the stomach, it would be unsafe to use any food which had long been prepared, providing that food had been of domestic origin; and thoughtful physicians should not forget that a similar rule should be applied to foods which have been allowed to stand in the shops for indefinite periods.

Peptonized foods may be used temporarily, but when first exhibited they should be carefully guarded; and as far as possible they should be obtained as fresh as possible to avoid cadaveric alkaloids. The use of such preparations, however, should not be too long continued, from the fact that they become objectionable to the patient, and besides this, they permit the normal functions of the stomach to remain in an unsettled condition. A good way is

in the alternate use of peptonized, and some other food when the condition of the stomach will permit a change. Occasionally it will be found that this may be effected by means of the method known as gavage; that is, the food is introduced into the stomach in a liquid form by means of an esophageal tube; and those who have given the matter attention, claim good results from it.

Feeding the sick is a matter of no small moment, and the physician in charge should always make that as a part of his business at his regular calls, as the amount of food taken in twenty-four hours is frequently of greater importance than medicine. This observation is warranted from the fact that there is a disposition among the laity to follow closely the directions of the physician in everything pertaining to the administration of medicine, but the supply of food we regret to say is often forgotten. Indeed, some persons seem to get so excited when any of their family are sick, that they not only forget to take food themselves, but they also forget the sick in this respect; and it may be to the advantage of the sick that the doctor himself should take special care that proper food is prepared and offered to the sick at proper intervals.

A RESUME OF THE ORGANON OF THE ART OF HEALING.

By Reginald B. Leach, M. D., St. Paul, Minn.

When the chairman of this bureau asked me to tell why I am a homoeopath and why others should be, I felt I had been asked to join Mrs. Partington with my mop of "little pills, powders and pump-water" to try to keep back the engulfing Atlantic of popular methods of acquiring the "almighty dollar." I felt almost as a back-slider might, at a camp-meeting, when asked to pray for the forgiveness of the multitude about him; every one of whom he felt absolutely saved by a grace his own "greed for gold" had kept him from finding.

But, when I came to review my Organon again, I found that I had not in fact, but only apparently, wavered from the "straight and narrow path;" for, you will remember, Hahnemann admonishes us that "The highest and only calling of the physician is to restore health to the sick" (a) and this I am trying to do—according to the experiences of Hahnemann, as outlined in the Organon and as interpreted by me, though in many instances, I unblushingly admit, not in full accord with the interpretation of his writings as offered by many of our school who employ only ingested medicines and that in the higher or even in the very highest potencies.

Don't think for a moment, however, that I do not approve of and sometimes prescribe the higher or even the highest attenuations; for I do. I believe, with the poet, that "there is a tide in the affairs of men which, taken at the flood, leads on to fortune" and that the good fortune of more than one physician has resulted from the timely exhibition of the higher or even the highest attenuations homoeopathically prescribed. Consequently: While I most sincerely approve of and utilize the curative power of the homeopathic prescription whenever and wherever I believe it indicated, I do not always approve of or exclusively adhere to what is commonly designated the "homoeopathic prescription;" for I am forced to believe there are conditions (not necessarily surgical in character) where I believe in and use other measures prompted by a limited but yet varied experience; i. e., cases where

(a)—The Organon; Chapt. 1.

I can find no indication for the purely homoeopathic prescription.

"Every tub must stand on its own bottom." And yet:

I believe (and I believe that I can induce some of you to believe) that I am indorsed by the Organon; though, I have no doubt, I will be differed with (if not flatly contradicted) by many advocates of similia who know nothing, practically, of the possibilities of the remedials (other than ingested potencies) employed by me and by many another homoeopathist true to his, and to my, interpretation of the Organon; and who will not, even once, practically test their alleged virtues because, possibly, not enumerated by Hahnemann (who died, you remember, many years before some of them were envolved from the brain of genius) though Hahnemann more than once intimates, in his several writings (a), that many another measure than ingested drugs would do as well or even better as a curative.

This assertion is provable despite the fact that his translators did not, every time, with all their acknowledged erudition, unfailingly reproduce his beliefs and meaning in the English equivalents of his classic German. (b)

Interpreters of this class would relegate to oblivion anything and everything not specified, in just so many plain, every-day, Anglo-Saxon words, in the Organon; because, forsooth, it was first promulgated, and even now utilized, by the "old school" (which same school, by the way, enrolls many not wholly imbecile) or because we have a materia medica of proven drugs second to none; which drugs Hahnemann plainly intimates, in many places in his Organon, should never be even put to a test until all other and even simpler and equally scientific procedures had been undertaken. (a)

(a)—Note 3 to Par. 7; Organon.
b)—"The Hahnemannian Monthly"; April, 1899.

While Hahnemann very emphatically states that "The highest aim in healing is the speedy, gentle and permanent restitution of health or obliteration and alleviation of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasons" (a), I have known a self-styled Hahnemannian homoeopathist, one who believed a cure only scientifically possible through internal medication, allow a lady to suffer, for six days, excrutiating pain due to a fissure in ani while he persisted with nitric acid internally; as this drug was, in his judgment, the similimum to that case. And this despite his supposed knowledge of Hahnemann's plain injunction that "the healing power of medicines rests upon their faculty of (not only—c) producing symptoms similar to the disease (but—c) and superior to it." (b)

Here, if anywhere, was a case of dis-ease most decidedly and most readily amenable to nature's own methods of healing; once we but give nature a chance. And I doubt the assertion to the effect that any internal remedial can produce symptoms at once similar to a fissure in ani and at the same time superior to the objective as well as the subjective symptoms of that fissure.

I object to such physicians monopolizing the honored appellation of "Hahnemannian homoeopathist."

That physician was not a Hahnemannian homoeopath. That proceedure was not homoeopathic. That was "monkeying." And it is not to be wondered at that a big majority of the "old school" refuse to even read a work put out by an author whose utterances are so perverted by alleged adherents to and practitioners of his system. There never was a time when Hahnemann was believed by his worst ene-

(a)—Organon; Chapt. 2.
(b)—Organon; Chapt. 27.
(c)—Interpolations by R. B. L.

mies to be the fool some of his alleged friends (?) make him appear to be.

If there is any one tenet of present day homoeopathists, other than a firm belief in the efficacy of the law of similars to cure when scientifically prescribed, it is that we, as a school, are the fairest and most liberal-minded physicians on earth; and that all we wish is that all physicians knew what we know of similia. And yet, with physicians alleging themselves adherents to and practitioners of the injunctions of the Organon, and at the same time rejecting all methods of cure excepting ingested drugs, scientific investigations by the unbeliever into the homoeopathy of Hahnemann will continue few and far between and the acceptance of the principle and the practice of similia by them, even when indicated, be awaited yet a long time.

The case mentioned was subsequently cured promptly, as it should have been, by divulsion of the sphincters ani. This was not a case which Hahnemann describes as "always and only a special, virtual, and dynamical discordancy of sensorail condition" (a) amenable quickest and best to potentized medicaments; this was a dis-ease (a dis-comfort, if you will) due solely to a solution of continuity of material substance. A case, as Hahnemann puts it where, "As a matter of course, every sensible physician will remove the cause at first; after which the illness will generally subside of its own accord." (b)

I leave it to you: Which physician (both being so-called homoeopaths) was the true Hahnemannian homoeopathist? Which tried to cure that case "in the speediest, gentlest and most permanent manner, according to clearly intelligible reasons?"

In other words (as Hahnemann further, clearly, states): "The physician should distinctly understand the following conditions: what is curable in disease in general, and in each case in particular; that is, he should possess a perfect knowledge of medicinal powers; and such knowledge, I most respectfully submit, certainly implies an equal faculty of knowing when not to, as when to, invoke the powers of drugs.

That Hahnemann was one of the first and foremost of the world's hygienists and sanitarians we know; for he specifies that "He," the physician, "is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease, and when he knows how to remove them from healthy persons" (a); and that he recognized and advocated timely manual interference is without question: as we have already quoted to this effect.

That Hahnemann paid great heed to dietetics and advocated same as a distinctive auxillary to the art of healing is a fact for he specifies the "avoidance of errors in regimen" (b) and lays great stress upon how, when and where patients should live and sleep and have their being and just where and what kinds of exercise they should indulge in and just what they should be allowed to eat. (b)

In fact, his Organon fairly teems with indications that, above all else, Hahnemann considered the environment of every patient before making any kind of a prescription (that, in fact, a change in food or environment alone often precluded drugs because of the cure effected in this way) and that the "little pills" ascribed to him by his contemporaries and by many ardent followers, as his sole stock in trade, were but a very small part of that armamentarium by which he so often, almost phenomenally, effected

(a)—Introduction to Organon; p. 25.
(b)—Organon; Note 3 to Chapt. 7.

(a)—Organon· Chapt. 4.
(b)—Organon; Chapt. 259 to 265.

the "speedy, gentle and permanent restitution of health, according to clearly intelligible reasons." A proceedure, I am constrained to believe, he entertained much oftener than many of those who have read the Organon; or, worse still, never having read it, call themselves Hahnemannian homoeopathists and everybody else "just plain, every-day homoeopathists;" because, forsooth, they adhere strictly to the curative powers of potentized internal medicaments on the law of similars (just as though others who use present day adjuvants, when indicated, did not) and persistently ignore the first and foremost injunctions of the Organon; advocating what they have heard and consequently what they think it contains. In their minds they are the ne plus ultra of homoeopathists. Bosh: Hahnemann wouldn't recognize such narrowness were he here today. Hahnemann was himself the most progressive medical man of his age.

I am personally acquainted with more than one practicing that kind of medicine who never even read so little as the preface to any one of the several translations of the Organon (yet, I admit, this is no indisputable proof of the action of the law of similars). But: How much better homoeopathists, how much more Hahnemannian, how much more satisfactory to themselves and to their patients, did they but know their Organon; know that homoeopathy is but a branch of the great art of healing, that there are other branches of the healing art and that Hahnemann recognized them, even to the power of magnetism to cure (a) when indicated.

How much more satisfactory, in fact, it must be to a congregation to feel that its pastor has studied his bible and that he knows whereof he speaks. How much more satisfactory to us common mortals to have learned from competent authority that 2 and 2 makes 4 and still be willing to concede that there are exceptions who, wholly ignorant, maybe, of any written language, given the day of the month and year of our birth, will instantly, faultlessly and without apparent mental effort, name the day of the week on which we were born.

These are exceptions which but prove the rule; and the rule in medicine is: If you are to know a branch of our art, you must apply to the author thereof or to his writings.

I am sorry to know that there are men in our ranks (and you all know some of them) who know almost nothing of what the Organon teaches; that there are many homoeopathists who still adhere to the early interpretations of that work; who still act as though they really believed Hahnemann taught nothing but similia, as a law of cure, and potentization, as the only method of applying that law; and that, in every case, to effect a cure in "the speediest, gentlest and most permanent manner," he prescribed only internal medicines on mustard-seed granules or by inhalations.

And I am equally sorry to see that in this, the twentieth century, though the "old school" journals recommend the so-called mechanico-therapy (really: only Swedish movement or osteopathy performed by the Victor vibrator or some similar contrivance; and a good thing in its place) and that many of our "allopathic" confrers will utilize these machines (as they should), along with some one of the several forms of electricity (and these, too, are all right) they persistently deny themselves and their patients the oftentimes phenomenal help to be obtained through a knowledge of Similia; a knowledge discovered us by one of the greatest, if not the greatest, of physicians of his own or of any age.

I am a homoeopathist who believes

(a)—Appendix to Organon; p. 227

in the law of similars to cure—where indicated—but I do not believe in going gunning every time with bird-shot when I know, from long personal practical experience, that the rifle, loaded with a Pratt's dilator, a scalpel, a pair of good thumbs, a static, galvanic or faradic current or a mechanical vibrator, will bring down my "game" in the "speediest, gentlest and most permanent manner."

We are all out for "game" and our best game is to cure every time according to the law of similars, if indicated; to know just when the law is indicated (and Hahnemann's Organon will tell the student just when the law is indicated). But: To use any legitimate measure other than the law of similars when, in our judgment, that law is not indicated (and the Organon tells equally well when the law is not indicated) for it is cures we are here for; they alone benefit those who provide our living; they alone will promote our future prosperity.

Homoeopathy is that branch of the art of healing which assures us a cure in the "speediest, gentlest and most permanent manner," if the medicament or measure is exhibited according to the law of similars. It implies the exhibition of a specific law of cure and is equally demonstrable through mental suggestion (as in relieving a real grief by enlisting the sympathies of the sorrowing toward another real or even a feigned grief) as in the administration of a drug. It is demonstrable, scientifically, only through the administration of a single remedial at a time because based upon a law discovered us through the provings of remedials made singly. It is no fad; it is a scientific principle put to practical use when indicated by those who really desire the "speediest, gentlest and most permanent cures;" for often cures can be effected only upon this law.

And yet: Similia does not apply in all cases any more than the law of gravity holds with the fellow who strikes his "funny-bone."

To the timid, to him who fears to investigate outside ingested remedials I would quote that, in the estimation of our leaders in the American Institute of Homoeopathy, "A homoeopathist is one who adds to his general knowledge of medicine a special knowledge of homoeopathic therapeutics and observes the law of similia. All that pertains to medicine is his by tradition, by inheritance and by right." (a)

Students of Hahnemann's writings will find that he was not only a successful physician, practically, but that, besides discovering us the law of similars, he was "far and away" the most advanced medical thinker of his age. In fact, they will find that even the "germ-theory," first promulgated to any great extent by Koch, in 1883, was unequivocally predicted by Hahnemann 52 years before Koch's discovery of the comma bacillus (i. e., 1831) in an article in which he says: "On board ships—in those confined spaces, filled with mouldy, watery vapours, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of cholera most probably consists." (b)

Who, knowing Hahnemann as he was, would not be a Hahnemannian homoeopathist?

A leader who not only prescribes a lawful method of cure but whose every written sentiment radiates the common sense of long practical experience with that of which he writes; and who, through a habit of deep reasoning, predicts future discoveries and fits his injunctions to meet that progress in-

(a)—Transactions of The American Institute of Homoeopathy.
(b)—"Hahnemann's Lesser Writings"; p. 758.

evitable in every science or art worthy one's investigation.

It was a practical demonstration of the art of healing, as first promulgated by Hahnemann, that made me to try to comprehend the law of similia and the workings thereof, and that keeps me a student of his writings. It is the knowledge that I have many times practically demonstrated the great possibilities of this law, found equally elucidated nowhere as in Hahnemann's writings, that makes me to wish that all who offer their professional services as physicians to their fellows, knew this branch of the healing art also.

"If there is so very much in homoeopathy," then, "why not apply its law to every case?" This is the question but too often asked by the unthinking. The unvarnished reply can only be that homoeopathy is but one of several branches of the healing art, and that it should only be so considered. This is where many of the earlier practitioners of similia made a mistake. They, like the present-day fighters for professional recognition, i. e., the osteopaths, cornered by the willful or ignorant unbeliever, by force of precedent, holding the balance of power, claimed that their method could cure every curable malady. It could, and did, when it was indicated, but, at no other time; and it was not always indicated.

No one law of nature is indicated at all times.

Most of you have seen many cases suffering more with alogia or amnesia, or both, than with symptoms; in fact, where nothing but a sense of discomfort could be elicited: a sense of disease plus what you might see and that, at times, little. These are not cases for a homoeopathist to "jump at with little pills;" there are no real symptoms presenting; only a feeling of "something wrong." There is no similimum for no symptoms. These are cases calling for good guessing; or, if you will, for good reasoning. "When in doubt—play trumps" is just as good a rule in medicine as in cards. Playing "trumps" in medicine is,—in the absence of symptoms—investigate.

"The lights," the liver and the lungs doing their part; the various "traps" of the "open plumbing" appearing all O. K., the "fuel" being found of the right sort; the "boiler" in good shape—with no scale in the tubes—don't forget the sewer. If that is all right, "Go behind the returns," study the patient's early personal, or even his family, history.

Remember Hahnemann's injunction to "make no internal prescription until all else is considered." (Note 3 to Par. 7; Organon.)

Diet, and the manner of dressing the body, home environment, both material and mental, place and method of sleeping, etc., etc., were singly and collectively thoroughly considered by Hahnemann before he exhibited his internal remedial; and should be equally considered by us. This is all plainly considered in the Organon, at the same time is outlined just when and why to repeat an apparently indicated remedy and just when to quit its use.

The Organon teaches us to not only make a prescription homoeopathically, when indicated, but especially to first exercise what of judgment Providence has bestowed upon us; that we may cure all curable maladies in "the speediest, safest and most permanent manner." But: Many times these cures are effected in any but a homoeopathic manner.

It is this that makes me to believe myself right in clinging to a schismatic appellation, so-called, when the "old school" is asking us to join their ranks and thus do away with those lines of distinction they forced upon us by refusing to investigate our alleged branch of the healing art; or to ac-

cept as the truth investigations made by others. It is this that makes me to wish, with them, that all lines of distinction and difference between us were thrown down; but, these lines can only be obliterated by those unacquainted with our law of cure investigating it and utilizing its virtues when indicated. It is this that makes me feel myself indeed a so-called Hahnemannian homoeopathist, while those who refuse to utilize all remedial measures other than "little pills" are usurping that most honorable appellation. It is this makes me to wish that all physicians were—Hahnemannian homoeopathists.

PHYSICIAN'S NOTES AND REFERENCES.

By W. T. Marrs, M. D., Jewett, Ill.

This subject is not often mentioned in medical journals, and is a matter neglected by the average physician. Irregular sleep and irregular meals have a tendency to make his business life haphazard and careless. This is not as it should be.

Every doctor should take several medical journals and the practical ones should be bound at the close of the year. A blank book should be provided and in it should be noted where articles of importance can be found. This will serve for an example:

HYPNOTIC SUGGESTION.

See Wis. Med. Recorder, page 255, 1904.

A great many little hints may be briefly and neatly recorded, and the busy doctor can in a short time run over these and have his mind freshened on many practical points. As an example I note these on a page before me:

ACNE ROSACEA.

Inunctions of oil of turpentine.

HYSTERIA.

When everything fails state that patient suffers from "stomach trouble," and inject ½ gr. apomorphine.

VOMITING OF PREGNANCY.

As a last resort give a tea made from peach-tree bark. Seldom disappoints.

DRIBBLING URINE.

Tr. cantharides in drop doses is almost specific.

Reports of rare cases, unique obstetric experiences, postmortems, etc., should be written out in full for future reference. If they can be typewritten it will add much to their value.

If all physicians will form the habit of making notes and trying to have some system about their work it will be of untold benefit to them. One can look back over his work and see wherein he is now doing better work. And in medicine, as in everything else human, one profits more by his failures than by his brilliant achievements.

MALARIA.

By J. A. Burnett, M. D., Pauline, Ark.

One of my favorite prescriptions for malaria—"chills and fever"— is as follows:

℞

Ext. hydrastis canadensis fl.
Ext. gentiana quinque flora fl. aa ʒiv.
Ext. euonymus atropur purens fl. ʒij.
Ext. simaba cedron fl., gtts xx.
Compound tincture of myrrh, ʒj.
Simple syrup q. s. ad., ℥viij.

Sig. Begin six or seven hours before the chill is due and give a teaspoonful every hour for six or seven doses, then give a teaspoonful every three hours.

This is a prescription of rare value in most all forms of malaria and can be relied upon, as each of the ingredients is of great value.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's connsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SUMMER IN EUROPE.

In arriving at Vienna it is well to know where you are going to stay. There are numerous pension or boarding houses where you can obtain board and room from $7 to $10 per week. If you are staying for any length of time the keepers of the pension will generally take about three-fourths of this amount if you offer them that. We learned this fact after making terms at $10 per week. The day board at our pension, Pension-Fischer IX, Garnisongasse 3, is for one person, 14 kroners or $2.80, for two persons $4.00 per day. Vienna is divided into districts as IX Garnisongasse 3, means district 9, No. 3 Garnison street. Here a short or indefinite street is called a gasse, long street a strasse.

Our pension is within two blocks of the Krankenhaus or hospital, so it is very handy for medical men. Other pensions which I have heard of since staying here, and which are undoubtedly as good as the above, are "Pension Columbia," VIII Kockgasse 10, "Pension Austria," IX Hoefergasse 5, "Pension Pohl," I Rathhaus strasse 20. They are all near the hospital and equally desirable. It is well not to make definite arrangements for two or three days, for you may make friends and wish to go to their pension. An oral agreement is binding here.

In order to find your work go to the main entrance of the hospital, which is on Alser strasse (easy to find on the map), about 9 a. m. or 2 p. m. and wait for a little while until an American doctor passes and stop him for the information wanted. If an eye man you can go immediately to Prof. Fuchs' clinic, which is the first door to the right as you enter the main entrance, then up stairs. There is operative work at 9 and 11 a. m. where you will always find American doctors, who will give you any information you wish.

In Prof. Fuchs' clinic you can obtain courses on operative eye, ophthalmoscope, external eye disease, internal eye diseases, histological and microscopical. In fact any work you wish on the eye. They operate in the clinic from 9 to 10 a. m., then again at 11 until finished, sometimes until 1:30 p. m. During that time you will have nearly all the operations on the eye performed. As this is repeated every day, the clinical advantages are unsurpassed. There are between 22,000 and 25,000 patients in Prof. Fuchs' clinic a year.

The material for operative courses is unlimited. For eye work you have a fresh head every day, so each member has two or more repetitions of the same operations.

In the other courses you have many patients to demonstrate each condition.

Prof. Politzer has a clinic of 12,000 patients a year. In the operative course they have two subjects a day for two weeks, besides a mastoid every day at the clinic, which are always explained and shown to you. On the subjects you can do all kinds of mastoids, antrum and attic operations besides the sinuses and brain operations. The subjects have died the day before, so the operations are the same excepting the blood, that you would do on the living patient.

The operative course in Prof. Chiari's clinic is the same, fresh material and each man does the operation

at least twice, and generally more than that. This course includes all operations on the larynx and trachea and accessory nasal sinuses.

The wonderment of whence comes all this fresh material is explained when one knows that the Krankenhaus contains 2,500 beds and all of them full. The death rate is from 10 to 20 a day. Only once during the history of the hospital has a day passed without a single death. Death rate is 34 per cent. Subjects are easy to understand when every point can be demonstrated. They seem to have the faculty of telling clearly what they know, and they thoroughly know their subject.

One of the best courses in Vienna is one given by Dr. Carl Mueller on the accessory nasal sinuses, which is very thorough and admirably demonstrated on green and dry specimens. Dr. Mueller is late of Prof. Chiari's clinic. This course should be followed by an operative course at Prof. Chiari's clinic and a month's course in his out patient department. In this way you have the subject from start to finish, and in a way that makes it very thorough.

Prof. Hajek gives a fine course at the Franc-Joseph Hospital but the material is limited.

There is a great deal of syphilis and lupus of the nose. One is always meeting people with their noses gone or sunken. When you pass through the hospital yards you meet many patients with a bandage over the nose and tied back of the ears. I could not help but think when I saw these cases, of a certain doctor who came to Vienna to study, and when he returned would put this bandage on a patient after removing a middle turbinate. It looked very much as if his course of study in Vienna lasted about two days. I find that studying abroad by many doctors is simply to attend a clinic in the cities they visit.

For the doctors interested in obstetrics and gynecology, Vienna is an ideal place. They have 7,000 confinements here a year, with every conceivable position and complication. They average about three caesarian sections a month. In women's diseases there are more cases then one wishes to examine. The material is simply unlimited. I am told that 40 per cent. of all births in Vienna are illegitimate, and 95 per cent. of all births at the Krankenhaus are also illegitimate. This is undoubtedly accounted for by the 20,000 to 25,000 troops stationed here who are not allowed to marry until their three years of service is finished.

In orthopedics you have Dr. Lorenz, with not only his enormous clinic, but the clinic of the General Hospital.

American physicians are arriving every day from other medical centers of Europe and immediately regret they did not come to Vienna at once. Here you not only see but do, and the physician who is studying wishes to have his hand in the cases. They all regret they cannot stay longer and promise themselves to return at an early date.

In Prof. Fuchs' clinic it is quite surprising to see the cataract cases, get up from the operating table and walk to their beds in the wards. It certainly does not endanger the case or they would not do it. The cataract operations are both simple and with an iridectomy. To rupture the capsule they take a small capsule forcep with a number of fine teeth facing backward and tear a hole out of the anterior capsule at least as large as the pupil. In this manner of operating the formation of secondary cataract is less liable to occur. They do not use an eye speculum.

Dr. Hanke, Prof. Fuchs' first assistant, is one of the finest operators I

have ever had the pleasure of seeing. This is not a personal opinion for I have heard it expressed many times by physicians who have seen the best operators in every country. He is remarkably rapid, has a perfect touch, and will do operation after operation with the simplicity of an old lady shelling peas.

Dr. Alexander, of Prof. Politzer's clinic, is one of the best, if not the best mastoid operator in Europe. He is a marvelously rapid operator and many times I have seen him do a complete radical mastoid including chloroforming and bandaging in thirty minutes. One of the boys timed him the other day and from the first cut to the packing was ten minutes. The doctor did not know he was timed and would not work against time, but this is his method. The above were, of course, uncomplicated cases, but in the many times that I have seen him operate he has never taken an hour. It shows his perfect command of the anatomy. Last week he received first prize for a paper on the anatomy of the ear at the French congress.

These men teach as well as they operate and one can readily see the class of instruction they give.

There is only one thing I can say to those intending to study abroad, go at once to Vienna and then where you like. This is the sentiment of all the physicians I have met here.

J. A. Pratt, M. D

Home address, Aurora, Ill.

CONSTIPATION.

In a recent issue of the Medical Brief Dr. C. E. Boynton said: "In constipation the handiest tablet (Merrell) contains one-tenth grain each of aloin, extract belladonna, podophyllin, and extract nux vomica; give one before each meal. In solution with syrup it is equally efficient. The frequency should be kept constantly while the dose is varied. Improvement and cures in auto-intoxication and indigestion are remarkable. I have used these tablets with twenty per cent. of all my patients in the last fifteen years."

This induced me to write Dr. Boynton and ask him a few questions about these tablets and received the following.

Dr. J. A. Burnett.

Pauline Arkansas.

TREATMENT OF CONSTIPATION

In the treatment of constipation we should use both suggestion and medicine. A weak tablet like the four one-tenths of aloin, belladonna ext, podophyllin and ext. nux vomica, before each meal is good. Thus three times per day the patient puts his mind upon the problem of getting better. This tablet may be too strong and one-half or less may do better but insist upon regularity of dose, and the smaller the effective dose the better. Recommend a morning evacuation regularly as a habit. Suggestion and habit soon will become as one. These tablets may gripe a little but we should suggest that some griping is for the best. They are safe and particularly valuable in pregnancy with constipation. Their use has no drawbacks that I have learned of in ten years except that if patients compare medicines they may feel that the doctor is limited in resourses. It is well to have several kinds of these tablets mixed with chocolate or liquorice, etc., of varied sizes to overcome this objection, also one kind to be used for infants and children and made into solution with water when called for. This aids a doctor in maintaining a secrecy about his treatment that should never be forgotten. More woes are overtaking the practice of medicine from the proclivity of some doctors in

etting patients and druggists know heir good things than from any other ause.

Dr. C. E. Boynton.

Los Banos, Cal.

THE DOCTOR'S COUNTRY PAPER CARD.

Reader, take up any small country newspaper and in it you can read the cards of several doctors. In this town here are five doctors and all except he writer has his or her name in the Los Banos newspaper.

Is this strictly ethical? I have hought it was not and that is why my card does not appear.

Every quack, every humbug dope is noticed, advertised, lauded and extolled by the editors of these little newspapers. Is it consistent for doctors who profess to be ethical to imitate the quacks so closely?

The other day there was an accident and one of the advertised doctors got the case. This doctor only has a simple card in the paper but the editor was not slow in calling upon him and learning all about the accident and how the doctor confirmed his suspicions of impacted hip joint fracture with his X-ray. Great advertisement this for said X-ray. Nearly every week something happens that causes the names of doctors to be mentioned and nearly every time the mention is quite complimentary of the doctor.

The writer having no card in the paper gets no puffs and wants none. Years ago when the paper was under another management remarks discreditable to him appeared in its columns which never would have been printed had he, like the other doctors, been a patron of the advertising department.

In the West more than in the East, in smaller towns rather than cities, we observe that many physicians have their cards in their local paper. The editor of a village paper must be a very fair man if he does not now and then use his columns to damage the doctor, who does not buy card space and thus I believe many physicians who would rather not have their names appear in the paper at all allow a simple card to be printed, in order, so to speak, to keep peace with the publishers.

In some towns if Dr. Blank, who has his card in his village paper treats a case of chicken-pox, it gets published, whereas the reader hears nothing about the case of small-pox across the way which is treated by a doctor who does not have a card in the columns where Dr. Allmouth with his Life Elixir Bitters cures everything from spavin to death rattle.

Now, the reader must not suppose that because all my competitors advertise in the Los Banos Whisper that I feel that they are unethical. Oh, no, they are following precedent and custom. I am the crank. In a certain sense I am advertising in making myself conspicuous in not doing as the others do. Sometimes an editor has a hard time in a little town to make a living. The butcher, baker, barber, boot-black, barrister and blacksmith all advertise and the doctor who makes big money does not pay a dollar towards the paper's support.

Graft is a contemptible thing. If a doctor should from the most unselfish motives put a twenty into an editor's hands for nothing, only just to keep up his town paper, could he look in the glass every day and say to himself: You are a man, you are not a grafter?

Supposing Mr. Editor told that Dr. Jones paid him $20 all for nothing, just for public spirit, just to help out a starving editor, how would it sound? Would not the sighing tree tops in the evening breezes whisper "graft."

Now through all these years of struggle to compete with the doctor whose name was conspicuous week after week in the country paper, to overbalance his reported cases by good unprinted honest work have I been laying a needless burden upon myself? I wish some of the readers of the Recorder would answer.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

A PRESCRIPTION FOR CHILLS AND FEVER.

In a recent issue of the Medical Brief Dr. I. W. Fulsom, of Ardmore, Indian Territory, says: "The following prescription I have used for thirty years succesfully, combating all forms of malarial contamination where sulphate of quinine administered alone produced unsatisfactory results in a majority of cases, especially in the low lands and marshy places. I was compelled to resort to this combination in this country on account of the malignancy malaria assumes at times. I have never known it to fail. I prescribe it in all forms of malaria. It is not new but unheeded.

℞

Quinine sulph., ʒjss.
Spts. eth. nit., ʒv.
Spts. lavender co.
Acid nitric c. p., aa ʒj.

M. Sig. Adult twenty drops in water every three hours or oftener."

This little article interested me as this is quite a malarial district and I wrote Dr. I. W. Fulsom and asked him the following questions concerning the prescription:

1st. Will this make a good solution, i. e., will the quinine be thoroughly dissolved?

2nd. Will the ingredients separate, i. e., is it necessary to shake before taking?

3d. How much water should be taken with a dose?

4th. Will it produce "ringing" in the ears?

5th. Will it injure the teeth and if so how can this be prevented?

6th. Do you use it for children in proportionate doses same as for adults?

7th. Do you use it when there is fever present?

8th. Is there any danger of it exploding or blowing the cork out and if so how can this be prevented?

9th. Have you ever used it for pregnant women?

10th. In treating malaria with this prescription do you use a cathartic of any kind, if so what one do you generally use? If it is a compound please give formula.

11th. Do you believe this prescription to be of value in any other disease besides malarial diseases, if so, what ones?

12th. Did you originate this prescription, if so when, and if not, where did you obtain it and in what countries have you used it?

The following are the answers to the above questions from Dr. I. W. Fulsom:

1st. The combination properly prepared makes a clear, red solution, thoroughly dissolved.

2d. Ingredients are thoroughly mixed consequently cannot separate and is not necessary to shake before using.

3d. Should be taken in half ounce or ounce of water or as much as the patient desires.

4th. It will produce ringing in the ears but not so much as quinine alone.

5th. Will not injure the teeth in the least.

6th. Five to ten drops for children.

7th. Not necessary to use quinine or any form of antipyretics during the height of a paroxysmal attack of in-

termittent fever. Can make a rational use of the preparation in continued forms of malarial remittent fever as with quinine or any other combination.

8th. No danger of exploding or blowing the cork out if properly prepared, should not be corked tight so soon as the acid fumes must escape and if you cork up before this the cork will be blown out; understand the chemical action and you will have no trouble.

9th. I use it in all cases of malaria, whether pregnant or otherwise.

10th. Always precede malarial conditions with some good cholagogue like calomel combination, nothing better.

11th. Whenever there is malaria and malarial complications.

12th. It is my original recipe; has been used in the Chocktaw Nation, Oklahoma, Texas and Chickasaw Nation.

Dr. Fulsom further stated:

To prepare this combination the druggist should use a motor in mixing first by putting in the quinine and slowly adding the spirits of niter while mixing with the pestle by rubbing until of a liquid mass. Then add the nitric acid little at a time constantly stirring until all is added. Then add the last of the spirits of niter and lastly the lavender and stirr constantly until all are thoroughly incorporated. Let it remain in the morter for ten or fifteen minutes with occasional agitation.

I wrote and asked Truax, Greene and Co., Chicago, the following concerning the above prescription:

What would be the price of twenty-four times the amount of what the prescription calls for? Will the preparation change, loose its strength by keeping it on hand for considerable time? Will it make a good solution.

The following is their answer:

"We beg to advise that the solution to which you refer may be supplied at $2.50 for twenty-four times the amount specified in your formula put up in one bottle. The preparation will not change by keeping and we see no reason whiy it should not remain clear."

I wrote The Wm. S. Merrell Chemical Co., Cincinnati, and asked them the following concerning the formula:

Will the prescription make a good solution? How much water should be taken in a dose in order to prevent the acid from injuring the teeth?

This is the answer:

"The formula you have submitted can be prepared only by an addition of water even more water than is necessary for the solution of quinine will be desirable to make a preparation that would not be too acid to come in contact with the teeth. The spirits of nitrous ether is a very unstaple product even when kept under the most favorable conditions or in a combination of this kind any value that might result from this would soon be lost through decomposition. We would suggest that the other ingredients could be readily incorporated into a pill or even a tablet form in such a manner so as to secure the full benefit of the compound and this was suggested to us by a similar formula which we have put up for another party and which has given most excellent satisfaction."

I wrote the Lloyd Bros., Cincinnati, and asked them the following concerning the formula:

Would the prescription make a good solution? Would it keep good or would it be injured by age?

The following is their answer:

"In reply to your question we will state that the prescription you submit should in our opinion make a clear solution. Nitric acid being as we look at it in sufficient amount to dissolve the quinine. However, as concerns its keeping qualities there must be a question. In the presence of alcohol, nitric acid especially in warm weather will produce nitrous ether and this together

with other products resulting from the acid and the organic matter in the lavender might eventually make an unsightly mixture. Besides this the reaction between the nitric acid and the alcohol and the organic matter is very likely in our opinion to be violent, especially if the temperature be raised and we would not like to fill the prescription in any considerable quantity and suggest care on your part until you know exactly what the result of the reaction will be."

I wrote Sears, Roebuck & Co., Chicago, and asked them the following concerning the prescription:

Would the quinine thoroughly dissolve, i. e., make a good solution? Would it be necessary to shake before taking? Would it keep well or be injured by age? How much water should twenty-drop doses be given in, in order to prevent it from injuring the teeth? What would be the price of twenty-four times the quantity in the prescription?

The following is the answer:

"In compounding the prescription which you submit the quinine sulphate is thoroughly dissolved and makes a good solution. We would however suggest that the bottle be shaken before using. We believe this solution should keep well but it would have to be kept in a cool place. Twenty-drop doses should be diluted with about two ounces of water. We can furnish this formula in twenty-four times the quantity called for at $2.40."

I wrote Montgomery Ward & Co., Chicago, Ill., and asked them the following concerning the prescription:

What would be the price of twenty-four times the amount called for in the prescription? Will it make a good solution? Would it lose its strength if made in large quantities and kept on hand for considerable time? In what amount of water should each dose be taken in in order to prevent the acid from injuring the teeth? Would it be likely to explode?

The following is their answer:

"We could put up twenty-four times the quantity the formula calls for at $3.25. This formula will make a very good solution, that is, the quinine will dissolve all right. You could have the prescription put up in large quantities and keep it on hand for some time to come if desired without losing its strength. About one-half glass of water should be taken with each dose of this medicine and there would be no injury to the teeth if taken in this way. It would not be likely to explode if kept in a cool place."

Hope the readers of The Wisconsin Medical Recorder will give this prescription a trial and report their results. There is no doubt but what this formula would be of great value in malarial diseases. Nitric acid alone is a noted remedy for chronic malaria and in combination with quinine will certainly make a valuable compound for all forms of malaria.

Who will be first to give this prescription a trial and report results to The Wisconsin Medical Recorder?

J. A. Burnett, M. D.
Pauline, Ark.

I have long looked in vain for such directions as a general practician might wish in order to equip himself to treat all cases of laceration of the cervix. Also how to proceed in performing these operations. Directions would be more valuable if explicit as to the make of instruments as there are so many on the market. Then as to anaesthesia, is it always necessary? How far should the cervix be drawn down? Is it right to do the operation at the office and let the patient ride home and keep up under any circumstances? C. E. Boynton, M. D.
Los Banos, Cal.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

AGITATION OF BETTER FEES.

Some of our Canadian brethren are agitating the question of better fees for medical services rendered to the government, corporations and especially life insurance companies. After discussion and action by a few county societies the matter was brought up in the last session of the Medical Society of Nova Scotia, which seems to correspond to our state associations, and the society passed a resolution placing the fee for insurance examination at no less than five dollars. It seems the intention to include in this examinations for fraternal societies. We wish our friends across the border the best success, for there can be no doubt that such a fee is not too much for the amount of work and responsibility required and the importance of the transaction for the parties involved. But we are a little sceptical as to the outcome. We have seen the same thing tried several times and always turn out a fizzle. Such a resolution, even by a state society, has no legal value and does not bind anyone, not even a member, much less an outsider. Always and everywhere, in Canada probably as much as in the states, some doctor will be found willing to do the work for the lower fee, and he is apt to make a good thing out of it, because all the work of the kind will be taken to him. There are so many doctors that some find themselves forced to take work at any price they can get. Medical fee bills have about the same fate. At least the writer has so often found to his annoyance and detriment that men will ignore fee bills, although they have signed them, and cut rates, when they could just as easily get regular fees, as to have lost confidence in medical men's professions in this regard. Perhaps they are more reliable in Canada. But medical weakness is likely to be the same there.

LIFE INSURANCE AND DRINK.

T. D. Crothers, the well known writer on alcoholism and kindred subjects, has an excellent article on the above subject in the Medical Examiner which contains many observations and conclusions startling to the average medical man. A London insurance company has two sections, one of total abstainers, the other of men who drink. In every other respect the conditions of life are the same in the two classes. But from a statistical history extending over sixty years it is shown that the death rate between the ages of 25 and 65 is from 25 to 40 per cent. less in the abstainers' class than in the non-abstainers' section. Not so great a difference can be found in our country. But, Crothers says, and we know he has vast experience in this field, few persons can use spirits moderately in this country in any form regularly every day for any length of time. The so-called moderate drinkers and those who use wines and beers at the table are, with few exceptions, in the first stage of inebriety or alcoholism. A study of the so-called moderate drinkers indicates a higher mortality than those who drink to excess at intervals and have periods of total abstinence. One of the reasons is the steady drinker suffers from the cumulative anesthetic action of alcohol, which constantly depresses vitality and lowers the resisting forces to acute diseases.

Such persons die suddenly from pneumonia, Bright's disease, hemorrhage and other acute affections, and when injured suffer from both physical and psychical shocks. In addition to this, the continuous use of alcohol increases the toxines formed in the body and those taken from without, also diminishes the power of elimination, the direct result of which is a great variety of maladies called rheumatism, dyspepsia, and malarious states. Moderate drinkers in this country rarely live beyond fifty years, and over sixty per cent. of the descendants are defectives and neurotics with low vitality and early death. The moderate and excessive user of spirits at twenty-five years of age rarely lives to the fiftieth year. Death follows from some acute disease or accident. His descendants seldom pass the thirtieth year. The race is practically extinguished in the third generation, unless associated with some more vital stock.

The readers will pardon the length of the abstract. The matter has always appeared as one of the greatest importance to the Runschau. In a fairly extensive experience as examiner for life insurance the writer has always found great difficulty in this question of the use of alcoholics. Moderate drinking is such a universal custom that to bar the moderate drinker from life insurance would practically put a stop to the business. But the examiner ought to be aware of its importance in estimating the risk.

Perhaps some of the views given are too extreme. But Crothers is not a fanatic, but a scientist reasoning from exact observation. Extreme or not, every family physician ought to make himself familiar with these statements and tell them to others, particularly to every young man whom he can influence While we may have the right to shorten our own lives, we have certainly not the right to leave to another generation the curse of disease and early death.

A FEW POLITICAL THOUGHTS.

The general lack of interest in the approaching national election is in marked contrast to the intense interest which prevailed four and still more, eight years ago. At those times everybody realized that questions were to be decided of vital importance for the life of the nation, everybody was eager to gain all the information possible and speakers had no difficulty in getting attentive audiences, when discussing such abstract topics as national finance and economics. This year's apathy explains itself by the fact that the issues between the parties are not sharply defined and that there is no essential difference between the platforms of the two parties. There is really no room for a spirited controversy, when the party which tries to gain power practically admits that it would keep things going in pretty much the same way.

The condition presents a strong argument against the frequent occurrence of national elections. Why should such a periodic disturbance of business be tolerated, why should such enormous expenditure be incurred, when nothing in the political condition of the country calls for a change? A determined attempt to lengthen the presidential term might prove successful at this time, the innovation could not but be beneficial. Perhaps of greater benefit and certainly more rational would it be, if we could adopt the English system of making the life of an administration dependent on its remaining in complete harmony with the people's representation. But that would involve a fundamental change of system.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

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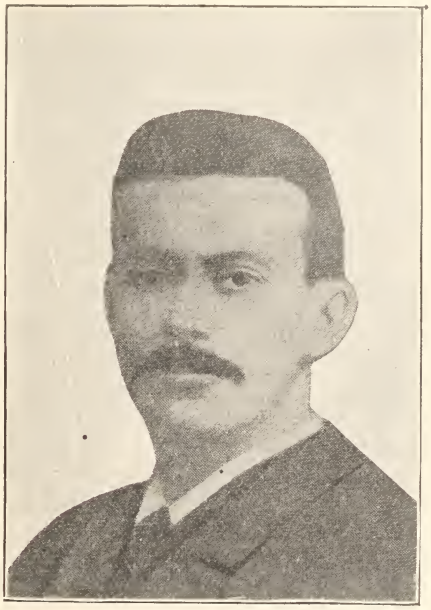
NIELS R. FINSEN, M. D.

One of the world's greatest scientists and benefactors, Dr. Niels R. Finsen, died Sept. 24, at Copenhagen, at the age of 43 years. Finsen's health was always poor, suffering from a complication of heart, liver and digestive disorders, to which he finally succumbed. After receiving his doctor's degree at Copenhagen University in 1890, as his poor health unfitted him for regular practice, he accepted a position as instructor in anatomy at the university, which position he held for three years. During this time he was studying the effects of light rays on animal life. The result was that he demonstrated that of the various colors composing ordinary sunshine and electric light the blue or actinic rays, also called the chemical rays, including the violet and ultra-violet, are the only ones having any special physiological action on animal life. The only effect of the red rays is heat, which, when intense enough, burns as fire burns. But the actinic rays do not burn but irritate. The so-called burn from violet rays is really a dermatitis. Finsen proved all this and also that the actinic rays have bactericidal action.

In 1893 Finsen published an article on "The Influence of Light on the Skin," which aroused general attention because of the assertion in it that cases of smallpox could be relieved by putting red curtains at the windows of the sick-room. This was the beginning of the final triumph. Smallpox became epidemic in 1884 in Copenhagen and the



NIELS R. FINSEN, M. D.

new method was put to the test. The red-room treatment became popular with both the medical profession and the public, for by it not only was the disease cured, but the red rays prevented suppuration and left the patient unmarked by the dreaded scars.

The red-light treatment was but one application of Professor Finsen's theory that light rays contained healing, and at best it was but a negative result; it cured only when the disease had run its course. To develop the

positive element of the light-ray cure, Professor Finsen began experimenting with artificial light rays. Soon he found it possible to concentrate rays of the ordinary electric light in such a way as to cure a lupus patient who for eight years had tried every other known method. The cure attracted great attention, and both moral and financial support came to the young investigator and discoverer.

In 1896 the municipal hospital of Copenhagen gave room on its grounds for several small buildings, in which Professor Finsen's experiments continued on an increasing scale. Then the Danish government came to the support of the institution and it was enlarged and removed to Rosenvaenget, a pleasant suburb of Copenhagen. Many cures of cases previously deemed hopeless were made through the new and enlarged apparatus which was used under the direction of a staff of chemists of national renown, expert electricians and speally trained nurses, headed by Professor Finsen.

Since the establishment of the Finsen Medical Light Institute in Copenhagen it has been visited by distinguished travelers from every land. Queen Alexandria of England was so much impressed by the treatment and its evident success that she paid for the first instrument of the Finsen cure to be used in the London hospital.

In December, 1903, Dr. Finsen received the Nobel prize.

Dr. Finsen's life was a short one but in it he accomplished more than most men do in a long life. His work will live for ages after him. He didn't use the results of his labors for his own gain but was content to give all to the world and to live on the salary of $1,200 per year given him by the Danish government.

In an article in McClure's Magazine, two years ago, Jacob A. Riis, the noted writer, who was a fellow patient of Professor Finsen during the summer of 1890, in the Commune Hospital in Copenhagen, wrote his impressions as follows:

"I came to look with a kind of reverential awe upon this patient, silent man, whose every thought was for his suffering fellows, while he calmy counted the hours to his own release from racking pain. I learned from his own lips the story of his great temptation. How when he had finally made his great discovery he lay awake one whole night debating with himself whether to turn it to account in private practice—Finsen is a poor man—or to give it and his life to the world. He chose poverty, and the world is richer for his sacrifice."

A MODERN CRUSADE.

The Illinois State Board of Health is engaging in a vigorous and commendable crusade to stamp out tuberculosis from the state. For some time the board has been sending out a leaflet to the public on the prevention and cure of consumption. A third revised edition of this has just been issued and it has been increased to a popular monograph of twenty-four pages, entitled, "The Cause and Prevention of Consumption." On the cover is this:

"The Illinois State Board of Health, as created by law, is charged with the general supervision of the interests of the health and life of the people of the state. In view of the fact that consumption, a dangerously communicable disease, is causing more human suffering and greater loss of life among our people than any other existing disease, it becomes the duty of the board to warn the people of its dangers and to advise them of the measures necessary to prevent its spread. Should this circular be the means of saving one human life—and if the directions enjoined herein be followed, it will save many

thousands—the State Board of Health will feel that its work has been well done."

The work treats on how to avoid consumption, how to prevent its spread, how to destroy sputum, hygiene of the sick room, consumption and schools, climatic conditions, etc. Consumptives are urged to be careful regarding sputum. All through the book "no spit, no consumption," is impressed on the reader. The following advice is given on the avoidance of consumption:

"The important points in the prevention of consumption are: pure air, sanitary surroundings as abundance of light and fresh air in the dwellings, office and workshop, proper clothing, good food properly cooked, moderate rest and recreation, avoidance of all excesses; in other words, moderate living. The excessive use of alcoholic liquors lowers vitality, favors infection and hastens a fatal termination."

Regarding treatment we quote:

"Live 'out-of-doors' day and night, winter and summer. Wear proper clothing. Have no fear of night air and none of draughts. Court the sunshine. Avoid damp houses or rooms. Avoid crowds, smoke and dust. Avoid all excesses. Be careful that you do not exercise when you should rest. Eat plenty of good nourishing food. Drink plenty of good water. Keep your body clean. Take no drugs except on the advice of a physician. Never swallow the sputum which you hawk or cough up. Be hopeful and cheerful."

If a copy of this pamphlet could be placed in the hands of every individual in the United States, there would immediately be a great reduction in the amount of consumption in this country and eventually it could be practically eradicated. The Illinois Board supplies the monograph free to all residents of Illinois and is making special effort to get it into the hands of consumptives. This work is under the supervision of Dr. Jas. A. Egan, of Springfield, secretary of the board, who is one of the ablest and most energetic sanitarians of the day. The Illinois Medical Society has also recently established at Ottawa, Ill., a colony for the treatment of consumptives, modeled after institutions in the east, under the charge of Dr. J. W. Pettit. Illinois is to be congratulated on having a profession working so energetically and unselfishly for the public welfare.

This is but another demonstration of the fact that the medical profession works for the public good regardless of its own interests. In spite of the stale newspaper jokes about doctors, medical men are working for public health which means cutting off their own revenue. Although unappreciated by the general public the medical profession is laboring to bring about better methods of living and less disease. The time is coming when there will be less work for physicians. Medical societies, instead of meeting to arrange prices and further selfish ends, are gathering to promote the public health and reduce their source of income. How many other occupations and societies are doing likewise?

The article by Dr. R. B. Leach, in this issue, which he recently read before the Minnesota Institute of Homoeopathy, gives a clear exposition of modern homoeopathy. Dr. Leach is one of the leading homoeopathists of the country, so that his article is authorative. Modern homoeopathy, as the article shows, is becoming broader and is not the narrow sect many suppose. Our subscription list is composed of physicians of all schools and we are sure all, regardless of school, will enjoy this article. The day is surely coming when there will be one united profession, working together for the common good.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE NEUROLOGICAL PRACTICE OF MEDICINE. A Course of Selected Lectures in Neurology, Neuriatry, Psychology and Psychiatry, Applicable to General and Special Practice, Designed for Students and General Practitioners. — By Charles H, Hughes, M. D., Professor of Neurology, Psychiatry and Electrotherapy, Barnes Medical College; ex-Supt. Missouri State Insane Hospital, etc. Edited by Prof. Marc R. Hughes, M. D. Illustrated. Pages 417. Cloth. Hughes and Co., 418 N. Third St., St. Louis, Mo.

A large per cent. of the practicing physicians of today graduated before the present accepted anatomy and physiology of the nervous system were taught. To these, especially, this work will be welcome and necessary. Neurology is receiving more attention by the medical profession now than ever before. Anatomical, physiological, chemical, bacteriological, cytological and hematological discovery place us upon a surer and better foundation and we can see with more scientific precision and clearer understanding the great importance of a knowledge of the nervous system in the practice of medicine. Dr. Hughes says: "Neurology is yet destined to reign paramount in clinical medical thought, notwithstanding the conceded just importance of every department of practical medicine."

The author first discusses the anatomy and physiology of the nervous system, giving the latest views on these subjects. Then disease conditions are taken up and principles governing diagnosis and treatment given. The titles of a few of the chapters will give a little idea of the work: The Extra-Neural or Ad-Neural Nervous Disease, Instruments and Procedures of Precision in Diagnosis and Practice, Ascending and Descending Degeneration, Electricity and Electrical Appliances, Cerebral Embolism, Thrombosis and Hemorrhage and Some of their Sequent Brain Diseases, The Sensori-Motor System in Diagnosis, The Virile or Genesiac Reflex and Its Symptomatic Value in Practice, Aphasia, The Neural and Psycho-Neural Aspects of Surgical Practice.

The book is made up from the lectures Dr. Hughes delivers at the Barnes Medical College and have been edited and arranged by his son, Dr. M. R. Hughes. Instead of taking up the discussion of individual diseases the book teaches the principles governing the diagnosis and treatment of diseases of the nervous system, so that the reader can apply his knowledge as occasion arises. The student of this book will be well informed in that which is very essential, the anatomy and physiology of the nervous system; this with his knowledge of the principles governing practice will enable him to treat diseases of the nervous system according to modern methods. Dr. Hughes' reputation as one of America's great alienists and neurologists and his very large experience give the book the weight of authority. The volume contains 177 illustrations, is well printed and bound, and will make a valuable addition to any medical library.

THE PHYSIOLOGICAL FEEDING OF INFANTS. A Practical Handbook of Infant Feeding and Key to the "Physiological & Nursery Chart."—By Eric Pritchard, M. A., M. D. (Oxon.), M. R. C. P. (Lond.) Second Edition, Greatly Enlarged and Entirely Rewritten. Cloth, $1.50.

W. T. Keener & Co., 90 Wabash Ave., Chicago.

A small book, only 197 pages, but very valuable, as proven by the fact that a second edition has become necessary. It is intended not for the use of the physician alone, but also of nurses and mothers and all who have the care and management of nurselings. It is well adapted to that purpose, its language is clear and simple and disturbing technicalities have been discarded. For the benefit of the lay reader certain elementary matters had to be introduced which the medical reader may skip. The work teaches the percentage feeding of infants, as evolved by Dr. Rotch, and the necessity of modifying the composition of the food in accordance with the needs, physiological or pathological, of the individual infant. It would be well, if his ideas on the value of patent infant foods became common property, as they prevail now largely among physicians. He says: "The vendors of patent medicines are responsible for many a hecatomb of innocents sacrificed upon the altar of commercial enterprise, and they have much to be responsible for in the false education of mothers and nurses in matters which pertain to the rearing of infants." On page 44 information is given, how to prepare the milk and cream mixture at home, laboratories being found only in large citites and too expensive for ordinary use. The table of mixtures suitable for delicate and sick infants, on page 82 ss., will be found very useful. A large part of the book is given up to an excellent study of the development and physiology of infancy which contains a vast amount of information, scarcely to be found anywhere else in such profusion and practical usefulness. The reading will well repay even the experienced physician. Messrs W. T. Keener & Co. deserve much credit for bringing out this book which we recommend not only to the profession, but should also like to see in circulation among the laity.

Regional Minor Surgery. By George Van Schaick, Consulting Surgeon to French Hospital, N. Y. Second Edition, enlarged and revised. Pages 228. Cloth. Profusely illustrated. Price $1.50. International Journal of Surgery Co., N. Y.

At first sight there seemed to be little need for this small book, but on closer inspection it was seen to serve a good purpose. What it contains can indeed be found in every large textbook on surgery, but it is the very conciseness with which subjects are treated which constitutes its real usefulness. All controversial matter has been omitted and only standard methods are given. The directions are couched in easily understood language and the numerous illustrations, although not at all elaborate, only outline drawings for the most part, are clear and convey a good conception of the various manipulations and minor operations. The field covered is that of minor surgery such as occurs in the daily work of the general practitioner, to whom this small work will prove really serviceable.

Diagnosis From the Eye.—A New Art of Diagnosing with Perfect Certainty From the Iris of the Eye the Normal and Abnormal Conditions of the Organism in General and of the Different Organs in Particular. A Scientific Essay for the Public and Medical Profession. —By Henry Edward Lane, M. D. Illustrated. Pages 156. Cloth. $2.00. Kosmos Publishing Co., 765 N. Clark St., Chicago.

This work is something decidedly different from most of the new books of the day.

The author introduces his subject by giving a little of the anatomy of the eye and a history of diagnosis from the eye. Then he begins the presentation of his theory of diagnosis from the eye with the fundamental doctrine: "Azure blue is the normal color of the iris in all nations of the Caucasian race." He regards all other colors and markings as pathological and diagnostic of disease conditions. He says that: "The iris is made up of an infinite number of very fine small nerve filaments which receive impressions from every nerve-center and portray at once every change in the corresponding part of the eye. Thus the iris becomes the visible outward terminus of the entire nervous system enabling us to make the most exact diagnosis of the body, i. e., of the blood and lymph as well as of all its single parts and organs." He says that every single organ and part of the body is represented in exactly defined parts or sections of the iris. Accordingly the surface of the iris is divided into 36 sections and diagrams of the iris presented for diagnostic use.

The author is a homoeopathist and condemns regular medicine, surgery, vaccination and antitoxin. If he had confined his work to the exploitation of his theory of diagnosis, the book would receive more consideration from the profession. The publishers have produced a book which is well printed and illustrated with seventy-one figures.

1,000 Mythological Characters.—Briefly Described.—By Edward S. Ellis, M. A. Pages 150. Illustrated. Cloth. Price 75 cents. Hinds, Noble and Eldredge, 31-35 West 15th St., New York.

Anyone in reading continually runs across the names of mythological characters which it is desirable to know about, but it is practically impossible to remember them all. Everyone who reads, if only newspapers, frequently needs such a book where quickly desired information can be found. Anyone may fail to enjoy perfectly a painting or piece of statuary because ignorant of the implied myth or one may miss the point of a speech, lecture, sermon or play. This book supplies the desired information, as it is an alphabetical list, for ready reference, enabling one to find and locate the personage instanter; and quite enough description to enable one to connect with the story—just enough to rescue one from seeming so distressingly ignorant, as if one had never even heard of Pallas, or Aphrodite, or Thalia, or Ariadne. Can you tell as many, say, as four different but quite familiar names of Minerva?

The book should be in every home and every library. It is well printed and bound and contains full-page illustrations of mythological characters.

BOOK NOTES.

Dr. Pratt's article in next month's Recorder will be a continuation of his description of Vienna, medical and general. These articles are being enjoyed very much by Recorder readers.

Hinds, Noble and Eldredge, 31-35 West 15th St., New York, issue a price list of a large line of valuable books of an instructive character. Their books are all reasonable in price and some of them should be in every library. Every physician interested in books should send for this price list.

Battle & Co., St. Louis, have just issued the third of the series of twelve plates on the intestinal parasites. This one presents the tenia solium with descriptive matter. These plates are sent free to physicians on application.

Dr. Miller's articles on Practical Surgery will be continued for a year or more. Each article will have original illustrations of great value. Dr. Miller presents practical measures which every practitioner can utilize.

Several months ago we announced the early publication of Ball's "Modern Ophthalmology," by F. A. Davis Co., Philadelphia. Many of our readers have been waiting for the appearance of the work and we are pleased to say it is now ready for delivery and is a magnificent work. Next month we shall give a review of the book.

The third volume in the Doctor's Recreation Series has just been received as we are closing the forms of this issue. It is a historical romance, "In the Year 1800," by Dr. S. W. Kelley, of Cleveland, Ohio. We suggest that you send for full information regarding this series of books, to the publishers, The Saalfield Publishing Co., Akron, Ohio.

E. B. Treat & Co., 241 West 23d Street, New York, announce important books for early delivery. Diseases of the stomach and intestines, with an account of their relations to other diseases, and the most recent methods applicable to the diagnosis and treatment of them, designed to meet the need of general practitioners. By Boardman Reed, M. D., Philadelphia, in a series of eighty-two lectures, complete in one volume. 1024 pages. Illustrated. Half mor., $6.00; cloth, $5.00. Also, Blood Pressure, as affecting heart, brain, kidneys and general circulation. A practical consideration of theory and practice. By Louis F. Bishop, A. M., M. D., Physician to Lincoln Hospital and French Hospital, New York. 12mo, cloth, $1.00.

Lippincott's Magazine always contains each month a complete novel and one of the best. In the October number it is a tale of the Great Lakes from the pen of Karl Edwin Harriman. Its title is "A Lad's Love," and through its pages the island fisher-folk are presented as only one who loves them in their atmosphere of simplicity could do.

The admirable paper on "Old English Sacred Drama," by Professor Felix E. Schelling, seems to be in response to the awakened interest in "Old Morality" plays. The illustrations are particularly arresting and enlightening. "The Winter Window-Garden," by Eben E. Rexford, an authority on floriculture, tells just what should be done now to insure the lovely cheer of bloom throughout the winter.

The number contains many well-chosen short stories by good writers. Poetry and "Walnuts and Wine," the department of wit and humor, round out a good issue.

The picturesque personality of Thomas W. Lawson is well to the fore in the October issue of Everybody's Magazine. Not satisfied with the allowance of space given to his "Frenzied Finance" in the body of the magazine, he has burst the bonds of editorial convention and appropriated several pages in the advertising section, part of which he uses to reply to the scores of letters and inquiries which his remarkable articles have brought him. He deals with his critics in much the same spirit he handles the financiers—without gloves. Incidentally, the October issue of Everybody's is 550,000; the issue of September was 425,000, and a second edition had to be printed.

The October instalment of "Fren-

zied Finance" is devoted to John Edward O'Sullivan Addicks, through whom Mr. Lawson first encountered Standard Oil and H. H. Rogers. There is nothing mild or conventional about his description of the Delaware statesman. It is a terrific and ruthless indictment of the man and his methods, supported by specific details and incidents, and set forth with the same vivid art which characterized the study of H. H. Rogers in an earlier number. The description of Addick's capture of Boston and its gas companies is one of the most grimly humorous and entertaining pictures Mr. Lawson has yet given.

The leading article of McClure's Magazine for October is by Lincoln Steffen's on "Wisconsin—The Story of Governor La Follette," in his series, "Enemies of the Republic." The article is a strong presentation of the political situation in Wisconsin from the La Follette standpoint. Excepting Governor La Follette, Lincoln Steffens is the most talked about man in Wisconsin today. He is extolled to the skies by the La Follette followers and most unmercifully condemned by the Stalwarts.

In sharp contrast to "Enemies of the Republic," and the disturbing stories of civic and commercial disgrace, appears an inspiring sketch of George William Curtis—"Friend of the Republic" the editor well styles him—by Carl Schurz. Here is a most attractive picture of the finest type of the American gentleman, the ideal citizen, written by one who knew and appreciated his great worth. It affords a welcome glimpse of the other side of the shield.

The climax of Ida M. Tarbell's monumental "History of the Standard Oil Company" is reached in a chapter of "Conclusions." In convincing array she presents the facts she has unearthed concerning the great trust, with such infinite pains and remorseless thoroughness.

"One Hundred Masterpieces of Painting," by John La Farge, is contiued with reproductions in tint of great paintings. Plenty of sound fiction, poems and pictures are included in the number.

A special feature of the October number of The Metropolitan Magazine is a notable study of the office of the Chief Executive, by Alfred Henry Lewis. Mr. Lewis entitles his paper, "The Story of the Presidency." It is a remarkable review of American history as reflected by the successive occupants of the White House.

Not since "Soldiers Three" and "Plain Tales from the Hills" has Rudyard Kipling written anything so forceful as his story, "A Tour of Inspection," which appears in this number.

"The Wear and Tear on our Planet," by Gerald Stanley Lee, speculates upon the gradual freezing of the earth, but offers consolation in the progress of its inhabitants. E. S. Martin, in his philosophical article, "Is Honesty still the Best Policy," brings up questions which every thinking person will read and ponder over with interest. "The Commuters of New York," by Albert Bigelow Paine, will appeal to all residents of suburbs of large cities. "In the Bey's Capital," by Mary H. Peixotto, is a wonderfully striking article upon Arabian customs.

The first of a set of pastel drawings by George Gibbs, entitled "The Evolution of an American Girl," which are reproduced in full color, appear in this number, together with a beautifully illustrated paper on recent achievements in pictorial photography, and the varied and clever fiction, poetry and other illustrations, contribute to make this issue the most interesting number of the Metropolitan Magazine which has ever been published.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

FOR RELIEVING PAIN.

Without doubt, there is nothing pertaining to materia medica which has received so much study and widespread research among medical men as have those materials whose nature and properties are indicative of curative value in the relief of pain.

In this extensive research hamamelis virginica has been proven through extended practical demonstration to contain more anodyne (pain relieving) and healing virtues than anything yet discovered. Nature has fortunately endowed this remarkable plant with medicinal properties so complete in their action that it covers every process of restoration.

It embodies, first, anodyne action, for pain relief; second, styptic action, for controlling hemorrhages—bleeding; third, astringent action, for healing; fourth, antiseptic action, for preventive—anti-poisonous tendencies.

But, in order that these desirable qualities may be obtained, it is vitally essential that a preparation of hamamelis should be of strict uniformity and reliable standard. This is only possible through expert preparation and upon a large scale, and in Pond's Extract the ideal relief, not only for pain, but for soreness, lameness, hemorrhages, inflammations, etc., has been obtained. For sixty years it has been stopping pain of all kinds. Though imitated, substituted in every conceivable form, it stands out today all the more efficient by such comparison.

The belief that ordinary witch hazel is "just as good" as Pond's Extract is fraudulent on its face. The fact that you get so much witch hazel for so little is evidence sufficient of its deception.—The Trained Nurse and Hospital Review.

COMMENTS ON ANTIKAMNIA AND HEROIN TABLETS.

Under the head of "Therapeutics," the Medical Examiner contains the following by Walter M. Fleming, A. M., M. D., regarding this valuable combination: "Its effect on the respiratory organs is not at all depressing, but primarily it is stimulating, which is promptly followed by a quietude which is invigorating and bracing, instead of depressing and followed by lassitude. It is not inclined to affect the bowels by producing constipation, which is one of the prominent effects of an opiate, and it is without the unpleasant sequels which characterize the use of morphine. It neither stupefies nor depresses the patient, but yields all the mild anodyne results without any of the toxic or objectionable phases.

When there is a persistent cough, a constant "hacking," a "tickling" or irritable membrane, accompanied with dyspnoea and a tenacious mucous, the treatment indicated, has no superior. In my experience I found one "antikamnia & heroin tablet" every two or three hours, for an adult, to be the most desirable average dose. For night-coughs, superficial or deep-seated, one tablet on retiring, if allowed to dissolve in the mouth will relieve promptly, and insure a good night's rest. In short, it will be found futile to delve for a more prompt and efficient remedy than "antikamnia & heroin tablets" in all bronchial complications with laryngeal irritation, dyspepsia, asthma, winter-cough and general irritability of the thoracic viscera."

A CALMATIVE AND NERVE TONIC.

For nervous irritability and insomnia, accompanying the menopause, Daniel's conct tinct. passiflora incarnata should be administered in teaspoonful doses every hour, gradually lengthening the intervals as the nervousness is controlled. Its action is especially gratifying with neurasthenic patients. It relieves neuralgia and gives results where other calmatives are powerless.

Several cases recently reported of hysteria and sleeplessness in patients of all ages, due to dissipation, overwork and other causes, indicate that the practitioners are obtaining splendid cures from passiflora and dwell with emphasis on the fact that no bad after-effects are encountered.

Passiflora gives quietude and refreshing sleep and may be employed with assurance in all affections of the nervous system.

Hagee's cordial of cod liver oil compound is one of the most popular cod liver oil preparations on the market. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda it offers to the profession a reconstructive of great value.—St. Louis Medical Review.

Dr. S. A. McDonald, Linden, Tenn., writes: "The ambulatory pneumatic splint is all you claim for it and I would not be without it in case of fracture of the leg, thigh or hip."

Celerina and aletris cordial rio, equal parts, teaspoonful every four hours, is a most efficient remedy for amenorrhea.

BRIEF MENTION.

It is much easier to be critical tha correct.—Beaconsfield .

Every paid-in-advance subscriber t the Recorder receives 1,000 premium labels.

Dr. John Aulde, 1013 Arch St., Philadelphia, has some interesting monographs on modern therapeutics which he sends free of charge. They are worth sending for.

Suggestion is a monthly magazine of psychology edited by Dr. H. A. Parkyn. Sample copies free by addressing Suggesstion, 4074 Drexel Boulevard, Chicago.

The Chicago School of Psychology under the direction of Dr. H. A. Parkyn, gives a thorough course in suggestion. Many physicians take this course. Full information of the secretary, H. M. Fyler, 4074 Drexel Boulevard, Chicago.

A hopeful feature has appeared in the political situation of the year, namely the fact that in several great states men have been nominated for governor on the strength of the records they made as state's attorneys for fearlessly prosecuting crime, especially bribery and corruption in office. It is a matter of joy that these men belong to different parties and that citizens are being urged to vote for them irrespective of party. It proves that, however we may be divided politically, the sentiment for righteousness and purity in public life is alive in all parties. It is a most hopeful sign.

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Because its formula is physiologically correct.
Because it's not medicated,—just easily digested fat.
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Because its menstruum prevents coalescence of globules in stomach.
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Because it contains no oxidized fatty acids to irritate stomach.
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Because it's ethical,—advertised to the profession only.
Because it always contains the purest Lofoten Cod-Liver Oil.
Because the verdict of the profession is that it can be absorbed and assimilated when plain oils and ordinary emulsions are rejected.

Such are some of the chief reasons, briefly stated, why Hydroleine is the ideal emulsion. Sold by druggists. Write for literature.

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Listerine "Dermatic" Soap contains the essential antiseptic constituents of thyme, eucalyptus, mentha and gaultheria, which enter into the composition of Listerine. The quality of excellence of the soap-stock which serves as the vehicle for this medication, will be readily apparent when used upon the most delicate skin, and upon the scalp.

Listerine "Dermatic" Soap contains no animal fats, and none but the very best vegetable oils enter into its composition; in its preparation unusual care is exercised, and as the antiseptic constituents of Listerine are incorporated with the Soap after it has received its surplus of unsaponified emollient oil, they retain their peculiar antiseptic virtues and fragrance.

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In writing to us please be sure to write your name and address very plainly.

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Uriseptin cures cystitis. Write the Gardner-Barada Chemical Co., 42 River St., Chicago, regarding it.

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Rheumatol is a reliable remedy for rheumatism. Made by The Rheumatol Co., 272 W. 11th St., New York.

Iatrol is a very efficient antiseptic powder. Sample free of Bristol-Meyer Co., 277 Greene Ave., Brooklyn, New York.

Pill cascara compound, (Robins), are very efficient in constipation. Samples free of A. H. Robins, Richmond, Va.

If you ever buy a microscope write first to Edward Pennock, 3600 Woodland Ave., Philadelphia. He may save you money.

Investigate calicola. Write The Butler Positive Treatment Co., San iega, Cal. It is a modern treatment for tuberculosis.

If you are treating any obstinate cases of epilepsy write Dr. W. Towns, Fond du Lac, Wis., regarding his favorite formula.

Dr. Becker's compound digest cures indigestion. Samples of the Dr. Becker Compound Digest Co., 107 Dearborn St., Chicago.

If you wish to take a course in refraction, write the Golden Cross Eye, Ear, Nose and Throat College, 257 E. Madison, St., Chicago.

Sal hepatica is an effervescent uric acid solvent and eliminator. Sample free of Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y.

Edward Pennock, 3600 Woodland Ave., Philadelphia, has issued a catalogue of diagnostic instruments and appliances of all kinds.

Triacol is a very efficient remedy in all pulmonary and bronchial troubles. Sample free of The Alpers Co., 4-6 White St., New York.

Dr. Harris' remedy for hemorrhoids is being used extensively by medical men. It is made by The Dr. Harris Remedy Co., South Bend, Ind.

Glyco-thymoline is very valuable in catarrhal conditions. If you are not familiar with it you can obtain a sample of the Kress and Owen Co., 210 Fulton St., New York.

We are using Sheppard's improved stethoscope and find it a very satisfactory instrument, and superior in many ways to most stethoscopes. It is made by Fred M. Schmidt, Schiller Building, Chicago.

I have used sanmetto quite extensively as a genito-urinary tonic in chronic atonic conditions of the genito-urinary organs resulting from chronic specific urethritis, and have met with most excellent results.—Will F. Schultz, M. D., Covington, Ky.

Send to Stearns & White Co., 187 Chestnut St., Chicago, for catalogue of reliable pharmaceuticals.

The Wheeler Chemical Works of Chicago, will send you a sample of noitol if you wish to try it.

For $2.20 we will send the Cosmopolitan magazine, Success and the Wisconsin Medical Recorder all for one year and 1000 premium labels.

The Physician's Casualty Association is composed of physicians and is conducted for the benefit of the profession. Write E. E. Elliott, U. S. National Bank Building, Omaha, Neb., for particulars.

The Lambert Chemical Co., has just placed on the market a product called "Listerine Dermatic Soap." It is a very pure soap having detergent and antiseptic properties. Physicians will find it useful in cleaning hands for surgical and obstetrical work. Our readers can obtain a sample free.

Burnham's soluble iodine, owing to its power of absorption and reducing inflammation, is proving of great usefulness in metritis, endometritis, subinvolution and in neuralgia of ovaries, also in the irregularities of the monthly periods. Samples free by writing to Burnham Soluble Iodine Co., Boston, Mass.

Fairchild Bros. and Foster, of New York, have for years prepared a reliable line of digestive ferments. Their panopepton is above critcism as a food for invalids. Like other good things, their products are imitated by imposters. Recent court decisions in their favor will stop the sale of some of these spurious products.

I have used neurilla in a case of nervous prostration, brought about by some uterine trouble, with entire satisfaction to myself and the patient. In the case referred to, I had tried everything I could think of, with no benefit until neurilla arrived. Same has put my patient in excellent condition. —C. W. Crowell, M. D., Marshall, Tex.

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By its use the complete therapeutic action of iodine, or the iodides is attained, without any toxic effects.

One drop of this preparation is equivalent in therapeutic value to fifteen grains of Potassinm Iodide.

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LEADING ORIGINAL ARTICLES.

SURGICAL OBSERVATIONS.

By Thomas H. Manley, M. D., Ph. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

RADIOGRAPHY IN THE DIAGNOSIS AND TREATMENT OF FRACTURES.

Every practitioner called upon to treat severe injuries of the limbs, well knows how difficult diagnosis of a fracture may frequently be; in fact, that it may be sometimes, quite impossible in the presence of muscular spasm or inflammatory intumescence of the limb, at the first examination. Hence the advent of Roentgen's discovery was hailed with delight by the profession. But like many other startling innovations, time has demonstrated that skiagraphy in fracture is but an aid; in itself of but little value, often ambiguous, sometimes misleading, and rarely, if ever, absolute and definite in its revelations. It cannot be said to have either clarified diagnostic methods or in any manner wrought either salutary or radical changes in fracture therapy.

As bearing on this, we quote the following:

Dr. Carl Beck declares that "since the Roentgen rays came into use, our methods of treatment of fracture and dislocations have been revolutionized. (Med. News, Feb. 19, 1898)." "Nothing may inculpate or exculcape a surgeon more than a good skiagraph," he adds.

Dr. J. William White, of Philadelphia, summarizing in a recent interesting contribution on this subject, rather inconsistently after pointing out the great value of the Roentgen rays, says: "We begin by asking ourselves whether skiagraphy has as yet given us a better understanding of fracture in general, whether it has been a measure of suggesting more efficient treatment? It is difficult to reply; to point to any one definite addition to our knowledge of these injuries, and as far as I know, no material modification of the general rules governing treatment either of fractures generally, or of any principal fracture, has as yet resulted.

As to the question whether or not the patient has the right to demand in an ordinary case, that the medical attendant should have a skiagraph of the fracture taken, I would at this time unhestitatingly answer in the negative. Until a much larger number of cases has been observed and the clinical results have been compared, the routine use of skiagraphy might be

more harmful than useful." (Trans. Am. Surg. Ass'n, 1897. p. 69.)

Ollier has ten recorded cases in which the rays revealed with fair clearness the shape and dimensions of newly formed bone following free removal of necrosed tibia; one of which illustrated new bone development, following periosteal and osteal grafting.

Oberst is convinced from radiographic examination of bones, that in a great number of fractures, it is impossible to secure "an ideal coaptation," an absolutely correct position of the limb after a fracture. Braun at the same time pointed out that a great many fractures recover with more or less bony deformity, but without any impairment of motor power. (German Surg., Nov., 1897.) (Archives of the Roentgen Rays, 1897-98.)

Stimpson says of the use of the X-rays aided by the flouroscope, that "in his experience," the rays have rarely given practically any important information in fractures which could not be obtained without their aid.—Fractures and Dislocations, p. 217.

Helferich.—Fractures and Dislocations, 1899, says, that "without the use of an anaesthetic, it is often impossible to make a correct diagnosis in fracture."

Though his later work contains several skiagraphs, the author is mute on their value in diagnosis.

THE LIGATION OF A LARGE ARTERIAL TRUNK IN ASSOCIATION WITH A FRACTURE.

Dupuytren believed that arterial ligation of a main trunk did delay union, although he records the cure of a woman 62 years old, who had a traumatic aneurism, with a fractured femur. He ligated the femoral artery, and four months later, union of fragments was complete. Delpech had a similar case in a man 30 years old, in whom union of the femur was so perfect and solid that the patient walked after more or less loss of blood, when well without crutches on the 92nd day. Astley Cooper tied the crural artery in a case of fracture of the femur, which opened the popliteal artery. Union was solid in six weeks.

Recently, Dr. Merrill Ricketts, of Ohio, removed a mass in the inguinal region, involving the ligation of the crural artery and vein without the circulation and nutrition of the limb being in the least impaired, thereafter.

LONGMORE—GUN-SHOT INJURIES, 1855 —GANGRENE.

Longmore in writing of the causes of gangrene from "frost bite" observes: that "in the Crimea, in nearly all cases, it began in the lower extremities—in the toes and feet of men, in whom excessive bodily fatigue, bad and insufficient nutrition, loss of rest, protracted exposure to damp, with insufficient means of procuring a change of ordinary clothes of ordinary warmth, and diarrhoea had induced conditions of extreme anaemia and physical debility. The circulating fluid of the body was not only deficient in all the qualities of healthy blood, but the arterial system had hardly sufficient propelling force to distribute the fluid, such as it was, to the extremities.

There was probably not an officer nor a man who was engaged in the seige operations before Sebastopol, throughout the early months of the winter of 1854-55, but had a scorbutic condition of constitution to a greater or less extent."

THE IMPORTANCE OF PROPER AND AMPLE ALIMENTATION IN OSSEOUS CONSOLIDATION.

Henson, Noel and Brodie record several examples of retarded union of fractures, through insufficient alimentary regimen in simple and compound fracture.

Ample alimentation in open fracture

is of the greatest importance. Here, there is local sloughing, and the wound is freely discharging highly nitrogenized secretions, the waste and drain on the system must be compensated for by a generous and nutritious diet. Local conditions are wonderfully influenced through the alimentary canal.

FRACTURE ANCHYLOSIS.

This subject was exhaustively studied by J. L. Petit, John Hunter and Jessier.

Anchylosis is seen frequently in fractures involving or contiguous to joints. It was said to result from sanguinous effusion into the capsule, rigidity of the muscles, tendons and ligaments, a shrinkage of the synovial membrane, alteration of the cartilage, or osseo-fibrous structures, gluing the articular surfaces together and intermuscular adhesions. Malgaigne believed that the extended position of the lower limb favored anchylosis.

It appears from the writings of Tessier, that there frequently occur marked pathological changes at times in articulations, in no manner involved by the fracture, but at considerable distance from it. Thus, in a man of 60, who had a fracture in the lower third of the femur, who died three months after injury, the knee-joint was found filled with blood, the cartilage was ulcerated and partly detached in places. On same side, the tibiotarsal articulation was occupied by a blood clot, the cartilage was of a yellowish tint, and the synovial membrane was tumified. At no time did the patient suffer from joint pain, or any symptom suggesting these changes.

In a woman of 70, dying on the 68th day, who had an intercapsular fracture, Desault likewise, found a large sanguinous effusion into the knee-joint of the affected side; cartilage pale, and in places eroded, synovial membrane infiltrated and the ligaments lost in a mass of cellular tissue engorgement.

He records three cases of intracapsular fracture at the hip, in which dissection revealed the same condition.

Malgaigne cites two examples in his own service, of the influence, which a severe fracture exercises on a joint, distant from it.

A man of 38 sustained an open fracture of the femur with comminution; there was much suppuration and necrosis. Five months after, the leg was amputated. The tibia and astragalus were found covered by a greyish membrane, the tibio-tarsal and astragalo-calcaneo articulations were quite destitute of cartilage and were fused together.

A young man of 27 sustained an oblique fracture in lower third of femur. This was treated for 22 months by extension, but there was no union, and the limb was amputated.

The knee joint was stiff. There was extensive cartilaginous erosion; a false membrane covered the articular surfaces. The tibio-tarsal and mediotarsal joints were equally destroyed. The bones of the foot were softened, spongy and presented the characters of advanced inflammation.

In all severe crushes of the osseous shafts extending into the articulations, or even contiguous with them, we must always count on the possible impediment in function very liable to follow; this is notably obvious in a typical Colles' at the wrist, the genuine Pott's at the ankle, or the intracapsular at the hip-joint; nor has time nor modern improved facilities, in any manner enabled us to anticipate or obviate the serious consequences which may result after this variety of osseous disorganization. In the hysterical, neuralgic or rheumatic, joint complication is most prone to occur, when the cleavage is quite distant from the articulation.

The more ancient writers on fractures, impress the importance of muscular relaxation and the flexed position

as most effective prophylactic aids; while some of our latest writers insist on early movement of the joints both above and below the fracture, with a view of preventing anchylosis and obviating protracted muscular rigidity.

DEFORMITIES AFTER FRACTURES.

There are various conditions following fracture calling for corrections after union. Celeus and Galen divided these into three classes, viz.: First, the angular deformity with massive hyperostosis; secondly, fusion of twin bones, as the radius and ulna, and thirdly, when a sharp projecting fragment threatens to pierce the integument. These ancient writers recommended refracture, and re-adjustment for these deformities.

Paul Eginus went further and attacked not only the recent fracture "which had not yet taken root," but those fractures which had thoroughly consolidated and were as hard as stone. He incised the integuments and divided the deformed shaft with a cutting instrument; practically the McEwan operation for rickety shaft.

COMPOUND GUN-SHOT FRACTURE OF THE KNEE JOINT.

Von Bergman in the Russo-Turkish war of 1877-78, records 18 cases of aseptic cases of bullet wound of knee joint of which 15 recovered from with movable limbs, 3 died.

Hennan, Larry, Guthrie in shattering of the knee, record all these as fatal if not amputated; and J. McLeod (Report of the Wounded in the Crimea, p. 112), noted that no case of opened knee joint recovered in the Crimea, wherein amputation was not immediately performed.

Von Esmarch has noted that the conical bullet does not carry foreign matter into the joint as the large spherical ball of former times.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Ill.

Continued from page 335, Sept. Recorder.)

The Topler-Holtz type of X-ray machine has been a very popular one in the west, as it is not quite as susceptible to vapor in supension, as the Holtz, and further because it does not require quite as much mechanical ability to keep it in running order as the other type.

In this machine we combine the friction, induction and condenser principle for the successful operation of the machine. Metallic sectors are placed upon the revolving plates in such a position that the brushes are allowed to give a blow during the revolutions of the plate, causing polarity, and then utilizing the induction principle in order to charge a pair of condensers to near the breaking strain, imparting a terrific velocity to the polarized particles in its vicinity which follow the shortest path to the relief of tension, the metal sector to the collecting combs, where a discharge takes place. So that the current derived from a machine of this kind is a succession of impulses, and explains why the current from this instrument is so disagreeable when used for therapeutic purposes on a large machine. The stinging and burning are so disagreeable that it is impossible to rotate the machine more than 50 to 75 revolutions a minute and have the patient stand it.

If the machine was built properly by having a movable equalizer so that its generating capacity could be cut down, while the speed of the machine was increased, we would obtain a higher molecular vibration with less discomfort and thereby increase our therapeutic effect. An attempt has been made in this direction by several makers, but with indifferent success, as it has not been carried far enough to control the current output. There is practically no

limit to the size machines of this character can be built.

The electro-motive forces can be increased by adding to the diameter of the plate, while the current out-put can be increased by increasing the number of plates in the machine.

It is found in practice that these machines are capable of picking up their charge when the hygrometer stands at 55 inches while the Holtz will not charge properly if it is above 40 inches. The moisture problem has been the serious one that operators have been compelled to handle, who are dependent upon these machines for X-ray work, and the numerous methods used for this purpose show the difficulty of the problem. It is known that if we warm the atmosphere that it will absorb more moisture so that operators were flooded with electric dryers by one manufacturer as the ideal way to handle the question. He was very careful however not to tell the operator that it took about one hour with his dryer in order to heat the air sufficiently to allow the machine to charge, and farther that the same trouble would be experienced when the air in the case cooled off.

We also took advantage of another meteorological fact, that if we suddenly chill the atmosphere that it will percipitate its vapor, so that if we take a mason jar and fill it with ice and salt, sealing it tightly, place it in the case setting in a pan, when the machine is rotated the air is driven to the sides of the jar precipitating its moisture upon the cold glass sides, and running down to the pan, is collected, and may be removed from the case when the machine is generating satisfactorily.

This is a very good and clean way to handle the difficulty. We can also meet the conditions by means of chemical dryers, which are recommended by manufacturers. The cheapest is calcium chloride c. p. dryer, this is a light chalky mass that absorbs moisture readily and is not especially corrosive when pure, unfortunately the pharmacopeia discovered about 20 years ago that calcium chloride and chloride of lime is the same thing, and the latter is usually dispensed when the former is called for, and of course as the pharmacopeia is an unquestioned authority physicians all over the country have followed its advice with the result that thousands of fine static machines have been ruined, while the physician may not know the difference between the two chemicals, a static machine will detect it readily in 24 hours and the inside of the machine will take on a beautiful emerald hue, while the brass work is covered with green incrustation, and the lacquer falls off the plates in sheets. The trouble is due to the free chlorine gas retained in the chloride of lime. A cleaner chemical dryer is found in potassium or sodium hydrate, which comes in stick form being free from dust may be confined to its containers and as it absorbs the moisture with avidity gives unusual satisfaction. Of course it should not be necessary to tell physicians that it will destroy tissue like a red hot iron, so that care must be used in handling it. It may be dried on a fire and used repeatedly, about five pounds should be used in the case at one time.

A cleaner method where the operator has the facilities to use it, may be had by setting into the case an intake and outlet valve and filtering the air through a calcium chloride bottle to remove moisture, and through a mineral wool filter to remove dust, and by means of a Victor pump remove the air from the case, first passing it through a caustic soda solution to remove all nitric acid, and nitrous oxide, and pumping the remainder into a nebulizer where it will retain a pure ozone, minus the irritating properties which have been removed by the soda solution.

This ozonated air increases the value

of the nebulizer in pulmonary disease, and is absolutely non-irritating. By this method we remove the old air from the case with its oxydizing propensities and provide for a fresh pure supply without moisture, and our machine will generate to its natural capacity every day.

(To be continued)

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER.

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Clinical Surgery, Harvey Medical College.

(Continued from page 376, October Recorder)

HERNIA.

The subject of hernia is one which is of great interest to the general practitioner. Many of his patients suffer from this condition and not a few are inconvenienced and the practitioner is eager to give them relief. In some cases they are content if the physician can secure for them a satisfactory truss, while in other instances they are discontented even if they have a comparatively well fitting truss. Many times the practitioner would be thankful if he could secure a truss which would satisfactorily hold the hernia of some one of his patients.

A FEW WORDS UPON TRUSS SELECTING AND FITTING.

While a hernia can be cured by operation in nearly any individual with practically no danger to life and but little inconvenience to the patient, cases will nevertheless be met where the sufferer will steadfastly refuse operative treatment of any kind, and where the only alternative will be the application of a truss. It therefore behooves the practitioner to know something of truss fitting.

The great majority of trusses made are not suitable for constant wear. I cannot impress this point too strongly upon my readers, and what is more, if the instrument dealer is left to select and fit a truss upon a patient he will select a form of truss which is unsuited for constant wear, in nearly every case. More than one patient has been driven to submit to the operative treatment of hernia after an unpleasant experience with trusses, when as a matter of fact he has never been properly fitted.

More than one patient has come to me for the sole purpose of arranging for a radical operation for the relief of a rupture and having arranged for an operation at a future date, I have suggested that in the meantime he discard a badly fitting truss and allow me to select one for him which would fit properly, and yielding to my suggestion he has after wearing a truss of my selection and fitting decided to forego the operation, when the time arrived for its execution. It is not my purpose to convey the impression that I am in favor of trusses rather than radical treatment, but in as much as a hernia is a source not only of discomfort but of no little danger, where the patient is wearing a badly fitting truss, it is the duty of every physician to make an earnest effort to correctly fit all his hernia patients with trusses until they shall submit to a method of treatment which will give them radical relief.

The commonest form of hernia or rupture is the inguinal, the protusion occurring along the inguinal canal, which in the male gives passage to the spermatic cord.

The protusion of the abdominal contents beginning at the internal ring, in the early stages, causes, in most instances, a prominence at this point. This is known as a bubonocele. As the protusion of the abdomnial contents increases the sac of the rupture is ex-

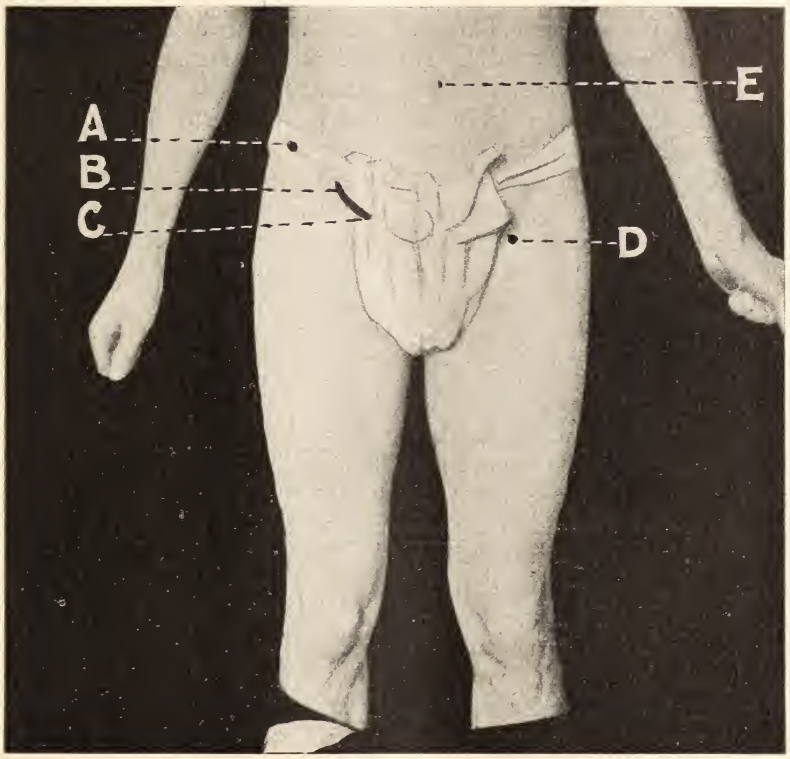

FIGURE 1.

FIGURE 1.—A marks the site of the anterior superior spine of the ilium. B the site of the internal ring. C the line corresponds to the course of the inguinal canal. D marks the site of the femoral ring. Femoral hernia makes its way upward so that the tumor is noted over Poupart's ligament. Femoral herniae are usually small. E marks the site of the umbilicus, hernia at which point is frequently seen in fleshy women who have reached middle life.

tended along the spermatic cord until finally the scrotum is reached. As the size of the sac increases, there is more and more pressure upon the inner margin of the internal ring, and the tissues making up the posterior wall of the inguinal canal are gradually forced toward the median line so that the rupture appears, upon examination in the living subject, to be a direct hernia, which has made its way directly through the abdominal wall rather than along the inguinal canal. This point is of importance in fitting the larger hernias with trusses as we shall see later, but is of little moment in operating and as a result little is said in the text books of surgery regarding it at the present day.

It is the opinion of many practitioners that the diagnosis of hernia is an easy matter, and while this is true in most instances such is not invariably the case, and cases will be seen in a fairly extensive experience where the positive diagnosis can be made only after a most careful study of all points, and in a few cases only after several examinations. This latter statement is particularly true where the rupture is complicated by the presnce of varicose veins of the pampiniform plexus, that is a varicocele, and where these veins have been irritated and an inflammation of them has developed.

Varicose veins in the scrotum and inguinal canal from one cause or another may become inflamed and sensitive. In such a case the patient will consult a physician, and owing to the sensitive condition of the parts a careful examination cannot be made. The physician unless he is certain that hernia exists with his varicocele should be very guarded in his statements, as the varicocele complicated by hernia is very much more subject to such irritation than the simple uncomplicated form. In all cases the operator must be certain that he is not dealing with a strangulated hernia.

A truss must not be fitted to a hernia unless it can be completely reduced and retained within the abdomen. The truss should be of such a type as to hold the contents of the abdomen entirely within the cavity of the abdomen, therefore the pressure of the pad of the truss should be over the internal ring and the posterior wall of the inguinal canal rather than over the external ring, and against the pubic bone. It may seem strange to the man who understands rupture, that trusses would be fitted so as to exert their pressure over the external ring and against the pubic bone, yet it has repeatedy been my experience to remove trusses, which had been so fitted and worn.

The truss should hold the contents of the abdomen out of the hernial sac without at the same time exerting strong pressure upon the tissues. This is the great fault of the great majority of trusses. They are made with a light elastic steel spring, which only holds the pad of the truss in place by decided pressure. Such a truss should not be used for constant wear.

If a truss spring is made of heavy malleable steel, it can be moulded to fit the pelvis, and then if the pad is properly placed, it is held in place not by the strong pressure of an elastic spring but rather by the immobility of the heavier spring. The inelastic condition of the spring is responsible for holding the hernia rather than the elastic pressure as is the case in the other type of truss.

The spring of the truss should encircle the body on a plane immediately below the level of the anterior superior spines of the ilium.

The outline of the body may be taken with a strip of lead or the spring may be moulded to suit the shape of the patient's body by the operator, while the patient is standing before him.

In moulding the spring of the truss so as to correspond to the outline of the patient's body, one must not forget the position where the pad of the truss should rest.

The type of truss selected for constant wear should always be one which entirely encircles the body. In some cases a truss may be given a decidedly increased steadiness by the use of a perineal strap. This strap should never fit tightly. The tight perineal strap is almost invariably the source of considerable discomfort.

The patient should be instructed to wear the truss at all times when in the erect position. They should be instructed to put the truss on before arising and should remove it only after retiring.

(To be continued.)

WOUNDS OF THE KIDNEYS.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Certain diseased conditions of the kidneys resulting chiefly from traumation, but in some instances idiopathic in origin, demand a careful consideration, and at times active interference at the hands of the surgeon.

Solutions of continuity in these organs, either as a result of concussion, or from the penetration of a foreign body, are among the most dangerous visceral lessions. Rupture of the kidney occurs, not only from violence applied immediately over the seat of this organ, but indirectly as from a fall on the head or feet. The conditions which result are practically identical whether there is a penetrating wound or not. Hemorrhage is immediate, and is proportionate to the extent of kidney involved, and to the vascularity of the part injured. Shock is usually well marked, vomiting is present with pallor, cold perspiration with rapid and weak pulse. Pain, if severe, is felt in the region of the organ, and is transmitted in the direction of the ureters down to the leg and into the testicles of the injured side in the male, which organ is usually drawn up towards the external ring. Extravasation of urine takes place, and when the capsule is torn, finds its way into the loose areolar tissue of the retroperitoneal space. Hemorrhage occurs in the same way, as well as into the uriniferous tubules and pelvis of the kidneys. The organ may be displaced by concussion, usually traveling downward and toward the median line.

The symptoms, although varying with the extent of the lesion, are usually those of profound shock; pain not only local, but extending in the direction just described, together with the presence of bloody urine in a patient who has received a wound in the lumbar region or a severe concussion, and who has no bladder or urethral disease to account for hematuria, are symptoms which point quite clearly to the nature of the injury. Partial suppression of urine is nothing uncommon. A marked elevation of temperature usually follows the reaction of shock. The febrile movement is chiefly due to the inflammation which follows the escape of urine into the retroperitoneal space. With the advent of pus formation, local tenderness is increased, the area of inflammation spreads, the more superficial structures become tense, the integument is red, and rigors or chills occur, followed by exacerbations of temperature. The prognosis is unfavorable, but must chiefly depend upon the extent of the injury as determined by the earlier symptoms.

The treatment may be radical or conservative. Immediate operation within the period of shock is scarcely to be thought of. If the symptoms of

hemorrhage are alarming, deligation of the extremities should be practiced; and if syncope is still threatened, the intra-venous injection of a saline solution should be performed. Direct operative interference by cutting down upon the wounded organ will be rarely called for.

With the earliest symptoms of abscess an exploratory incision should be made. It is advisable to insert the aspirator needle at the points of greatest tenderness and induration and if pus is discovered the incision should be made along the needle as a guide. If pus cannot be obtained by using the aspirator the incision is still indicated if the symptoms of sepsis above given are present. The organ may be readily reached by cutting parallel with and about three inches and a half external to the spines of the lumbar vertebra. The kidney is located just in front of the outer border of the quadratus lumborum muscle; its lower extremity reaching down to the level of the umbilicus. If an abscess is found, it should be irrigated with 1,000 to 5,000 sublimate solution, and free drainage established. The kidney is often the seat of morbid changes which occur partly from internal violence, and partly from idiopathic causes which may at times justify the surgical invasion of this organ. Pyelitis, pyonephrosis, calculus, hydronephrosis and certain new formations as cyst, carcinoma, rhabdomyoma, adenoma, angioma, tuberculosis and gumma, are among the chief diseases of a surgical nature.

Pyelitis or inflammation of the pelvis of the kidney, may be caused by the irritating effects of calculi in the calices or pelvis of this organ, which do not escape readily into and through the ureter, to over-distension resulting from urethral vesical or ureteral obstruction, or obstruction, or by extension of an inflammatory process from below upward. It is less frequently caused by direct violence from without, or may be part of an idiopathic perinephritis. It is readily understood how a stricture of the urethra, enlarged prostrate or an obstructed ureter, would force the urine back upon the kidney, causing in severe and chronic cases destruction of this organ and a pyelitis before this could occur. In like manner the inflammation in a urethritis, or cystitis, may travel along the ureter until the pelvis of the kidney is involved.

The diagnosis of pyelitis can not be so readily arrived at by the symptoms referable to the inflammation in the pelvis proper, as by a study of the conditions which precede it. Pain which is present in this disease, is also present in a variety of kidney lesions, and as in neuralgia of this organ, it is met with when no symptoms of inflammation exist. If after an attack of renal colic, pain of a more constant and less excruciating character is felt deep in the lumbar region, being on one side only and on that side upon which the colic occurred, and if pus is present in the urine where no cystitis or urethritis exists, pyelitis should be strongly suspected. Persisting pain in this region in a patient suffering from obstruction in the urinary tract beyond the pelvis of the kidney, is also strong evidence in favor of pyelitis, notwithstanding that the pus present is known to come from other sources.

Treatment.—This must be directed to the relief of pain, to the removal of the cause of the disease, and to the maintenance of the patient's powers of resistance by judicious feeding. The relief of pain is obtained by the employment of anodynes, and by counter irritation as by sinapisms, hot cloths and cups to the lumbar region. When the disease is obstinate and the destruction of the kidney is evident, incision should be made and free drain-

age secured; or if the patient's condition will justify a more formidable procedure, the diseased organ should be removed.

SYSTEMATIC EXERCISE.

THE IMPORTANCE OF THE USE OF THE HANDS AND ARMS TO THE HEALTH OF WOMEN AND CHILDREN.

By William S. Birge, M. D., Provincetown, Mass.

Superintendent Ocean View Sanitarium, Provincetown, Mass.

To the house of a well-known retired physician, one day came the well-appointed carriage of a wealthy citizen of Boston, and from it, with her parents, descended a feeble, young girl, who seemed to find the stone steps to the front door difficult of ascent. This visit had been expected, and the family of the patient waited with anxiety to hear the judgment he would pass as to the future of this frail life, so inestimably precious to those who loved her and awaited his verdict.

In an hour the good doctor was ready to speak: "I told them to dismiss her attendants, and let her not only dress herself, but take care of her own room, especially requiring her to sweep it once a week. I do not think they will do it; her mother was angry and the girl cried bitterly; but if they would obey me I think she might live. She is dying from want of using her limbs; her arms are like those of a little child."

This incident was the means of first drawing my thoughts to the necessity of the systematic use of the limbs, and particularly of the hands and arms, and my attention so called has followed up the subject by persistent observation for many years. Naturally the legs have to be exercised a little, if only in walking across the room, descending and ascending the stairs, etc.; ever few moments bring some need of change of position, but to many women, in these luxurious days, their arms are practically useless, not even literally tying their own shoe-strings.

With grave study and many experiments the great nerve scientists are coming to the conclusion that not only is disease prevented, but that there is a curative power in the intelligent, if I may so express it, the applied use of the muscles and nerves of the arms and hands in increasing brain power and restoring lost action of the will. To the mother who has watched over a delicate child, or the nurse who has had charge of a nervous invalid, it seems a puzzle that it should take rank among helpful discoveries; it has long been patent to them.

The city child who takes its daily walk with one little hand held tightly by its careful nurse, runs no chance with the country boy or girl who picks up chips, or weeds the little garden, or looks for eggs, or trundles his barrow. The brain of the latter, pleasantly stimulated, is all the time directing the busy fingers, and the whole body is alert and refreshed.

That love of home and the care of a house which comes with it provide the wisest and the pleasantest use of a woman's hands, there can be no doubt, and here is one of the largest compensations for restricted means. The need to see the whole house from garret to cellar once a day includes the need for a thousand touches, innumerable handlings. The ordering of the linen closet, the examining of the store room, the arrangement of draperies, the filling of the flower vases, the happy tossing of the baby; every sweet, light-hearted performance of these home-making duties is insensibly giving tonic exercise and perfect circulation, and

keeping brain and body in beautiful equipoise.

Dr. Arnold, at the time of his heaviest work at Rugby, and when his zealous excitement concerning his country, his church and his faith was keeping his brain at a point of dangerous activity, wrote that he felt able for anything, now that he had "a gallows" built where he could use his arms again, and was once more pole-vaulting with the boys as if he were one of them. Even these artificial uses of his arms and hands were to him absolute essentials to the maintenance of his physical and mental equilibrium. Doubtless gymnastic substitutes do women and children great good also, but the hight-water mark of gain is attained by occupations which are natural, and bring about good results to home and husband, or to some one who is relieved and benefited by what they do. To be healthily tired every day in some one's service is the best safeguard against disease and sadness that the world contains.

For a delicate or convalescent child whose strength comes slowly, if one can incite him to think of a little plan and work to carry it out, a sure good has been attained. If it is but to gather twigs to build a bonfire, he has found a motive which steadies and stimulates his weak steps and makes him enjoy an exertion otherwise difficult. When the effort becomes a means to an end, you have turned it into a pleasure.

And, apart from muscular exercise, there is a nerve rest to every tired woman in any use of her hands by which she makes something. How many hours of dread, how many days and nights of apprehension, when unavertible sorrow has overhung her home, have been made endurable by the quiet, steady movement of the needle which fashioned a garment or the growth of a stocking quickly and silently knit?

If it were not for this reason, every girl should be taught to be a skillful needlewoman and learn the ready use use of every other implement by which she can make useful and pretty things. The sewing machine has no such helpful nerve influence; its noise, its speed, its mechanical haste, as if greedy to be fed, all are disquieting and irritating; but the silent little needle which can do nothing but obey has kept many a broken-hearted woman from wringing her hands in despair, and permitted her to keep her quiet watch in sick chambers, when she would otherwise have been as restless as a tiger and forced to move incessantly.

It is said of the wife of General Lowell that she had begun to embroider a pair of shoulder straps for her heroic husband in anticipation of his swift-coming promotion, and that, hearing of his pathetic death, she kept on to their completion, and that he carried these insignia of his just-won rank to his grave, decorated by her loving handiwork. Many a woman can comprehend the calming power she found in those first awful hours, in which she could neither go to him nor do aught else but mourn, in thus keeping her fingers busied in doing yet one little thing for him, and in giving material expression to his nobly won honors.

To those who are ill and incapacitated for active practicipation in the life of the world, the use of the needle and other implements by which the thousand varying feminine industries are carried on affords a relief which only those can estimate who have shared the blessing. An idle invalid is doubly afflicted and in certain peril of becoming absorbed in herself. To be able to transform the wearying consciousness of pain which will not cease,

to picture some happy mother with her baby wrapped in the soft blanket you are knitting, or to fancy a jolly boy, rejoicing in the protection of your home-knit scarlet mittens, is like having lovely tableaux thrown upon a screen by magic-lantern light for your diversion. Picture after picture will rise vividly before you as your busy fingers ply their trade; your world will enlarge, and your thoughts take happy flights from the tired self whose limitations are so close and narrow. The mere sight of the pretty materials, and the growth of the form your choice has taken as your object of creation, give a peculiar sense of restful satisfaction of infinite value.

This is a principle of relief, if not of cure, when applied to the needs of children who suffer from chronic disorders, such as hip or spinal diseases. To do for them, to amuse them by working for them, is a fare more common way than to endeavor to teach them to do something with their own hands. Almost all the kindergarten specialties are within their power and are to be found in great variety. And if, to the amusement of making or cutting out, can be added a purpose, the preparing of a gift as a love token or as a help to children suffering like themselves in hospitals and asylums, a positively beneficial influence upon the spirits and general welfare of the child is sure to be exerted. The most fascinating amusement contrived for them to enjoy inactively by watching or looking on soon loses its charm, but the most imperfect results of their own handiwork have an enduring charm.

To apply this scientific medical truth, of which the shortest practical experiment will give proof, to either a weary idler in health or a suffering idler in pain, will convince any one of the great value it contains in enriching and keeping in sound condition both the minds and bodies of the well and in the amelioration and relief of the afflictions of the chronically diseased. And to the aged woman once able actively to rule their households, the useful occupation of their feeble hands is an inexpressible boon.

TERRESTRIAL ELECTRICITY.

By W. Stuart Leech, M. D., Brooten, Minn.

The human body appears to be composed of three things or three great systems; first, the spirit; second, the nervous system, and third, the instruments and machinery. Each one of these can be divided into three or more parts. Note the primary, also the subliminal-self which is evidenced in the hypnotic state; in the nervous, note the sensory, motor, and sympathetic systems. It is not our intention to explain here how these systems, all of which are concerned in influencing each other or are influenced from factors from within both physical and spiritual; but to call your attention to an influence that comes from without, to an influence that produces and cures, to an influence that sometimes baffles our best intentions to effect a cure. We have weather affections and attribute many changes in the course of the disease and many diseases to the variations of the weather, but there is an underlying factor which when perfectly understood will be found to have a profound effect on nearly all diseases. This great factor is terrestial electricity or earth currents. All matter is in motion or is undergoing what we have been pleased to call, molecular or atomic bombardment. This action of the matter of our globe is greater in some places than others, hence we have generated, force and electricity, some positive and some negative. Dip two met-

als into a fluid, say copper and zinc, without having them in contact, and a separation of electricity will be produced so that we have at one metal positive electricity and at the other negative. "The tension varies greatly, according to the quality of the metals and the fluid employed. This combination of metals is called an open chain. All the large bodies of minerals are constantly electrified or electrically excited, attracting and repulsing. This gives rise to earth currents which are as constant and as subject to variations as the water currents of the ocean. Today the inhabitants of Illinois may have a current running through them from the copper beds under the Great Lakes to the zinc beds of Tennessee, while tomorrow this current has darted off in another direction and in its stead has come, perhaps, from a large iron deposit of the Northwest to the carbon beds of Kentucky and West Virginia, a galvanic current. These currents change periodically. They also change oftener in some localities. They are subject to interruptions, and give rise to interrupted currents which stimulate and excite animal nature. The currents are more apt to be interrupted if the ore bodies are close together as they are in mountainous countries. Possibly one of the reasons why mountaineers are larger and taller than the residents of level countries. You may ask why or what makes these currents change or reverse? Remember, that an electrically excited body attracts, and after a light substance has touched the electrified body it is disposed to recede just as rapidly as it approached. Planetary changes or the terrestrial revolutions may occasionally divert the local currents. At this early stage we will not say positively what current causes this disease or that, but suffice it to say, that a man living in central Minnesota has an attack of asthma every time we get the strong North and South current. This being proven, we will place him in insulated quarters and give him a reverse current. This patient has ovarian and facial neuralgia whenever the earth currents in her locality become faradic. As an adjunct to her regular treatment we insulate and give her galvanism. Insulation may be accomplished with inclosed nonconductors as a glass room coated with shellac and resting on one or two other poor conductors. Theoretical deductions are worthless without the actual practice or experiments. Although handicapped by not being able to find an electrometer in existence in which the nature of the currents could be tested, we have made our observations and experiments on an instrument of our own construction. Neither it nor its results are perfect but we are certain we are laying the ground work for future progress.

We have constructed two 'phones of different resistance; a single 'phone of a three-magnet generator is placed at a point on the plain in the Southeast connected with a serial 'phone of four-magnet generator five hundred feet to the Northwest, the latter we connect with a second serial one hundred and fifty feet due North. All three are well grounded in wet sand. Fourteen feet from the surface of the ground is an underground lake. There are no parallel nor cross wires, and no dynamoes to interfere with the line. The air is proverbially dry. This line is very sensitive and we have used the direction of the currents over these wires for our observations which have been taken twice a day, viz., 10 a. m. and 5 p. m.

From April the 14th to the 20th we had a current coming from the northwest. During that time we had rheumatism and influenza continuously. On the afternoon of the 20th all the cases made a radical change for the better. On the 21st the electrical current was

running from east to west. Neuralgia and respiratory cases were in evidence. On the 22nd the current was reversed when the respiratory cases improved to grow worse on the 23d, when there were two distinct changes in the currents. On the 24th the southeast current began and continued in the same direction until May the 6th. Rheumatic affections were the most noticeable disease during that period, and what was most surprising, they would not make any marked improvement until the current altered .

May 6th, 7th and 8th the direction of the current could not be established. ushered in four cases of indigestion. On the 9th a current going northwest This latter current oscillated on the 10th and 11th, and as we would have expected, neuralgic, asthmatic, and gastric troubles came on the scene. The asthma continued to the 23rd of May when a north and south, and northwest to southeast currents ushered in the abscesses which continued until the current was altered. From June 28th to July the 30th there was no decided change. On the 31st we observed a new current and diarrhoea, the first of the season, in this section, appeared within twenty-four hours.

The Literary Digest of August 27th, 1904, gives a translation from the French where Emile Guarini claims the earth currents are generated principally by induction, the earth revolving in the sun's magnetic field, as a dynamo. He says Siemens and Geitel have proved that the sun induces a positive change on exposed bodies.

Dr. Ephraim Cutter states that a quinine ointment a drachm to the ounce applied inside the nose will stop hemicrania. Also he says it will abort erysipelas.

Dr. C. E. Boynton.

SINUSITIS FRONTALIS.

By F. Silsby Tripp, M. D., Pleasant Hill, Ky.

CLINICAL HISTORY.

Miss B., age 20 years, is a neurotic young woman of alcoholic paternity. She left school early on account of ocular headaches, and within a few years has been in the hands of an oculist for operation, without benefit, she squinting badly at this writing. As a child she was subject to catarrh, and said to be a masturbator.

She has been under treatment at our office in time past, for chorea of the most aggravated type; the disease involved the diaphragm and provoked the most sinere paroxysms of hiccough, the same extending over a period of about two months, with nocturnal aggravation. Later the chorea involved the heart which made very guarded our prognosis.

Her present trouble began June 15, 1904, with intense, persistent frontal headache; after midnight she sleeps, appetite poor, bowels irregular, micturition very frequent; no oedema of face or extremities or albuminuria.

Extremities are ice-cold most of the time; and face and head flushes and becomes hot. For several months her menses have been irregular and unnatural in color and offensive; respirations irregular and pulse weak, lacking in volume and strength. Occasionally there will be a choreic jerk of an extremity or a spasmodic contraction of the diaphragm.

Some of her symptoms brought to mind Jacksonian epilepsy. She is invalided to her room.

TREATMENT.

℞ Potass. iodid.,
Potass. bromid, aa gr. v.
Elixir saw palmetto comp., ʒi.
Aquae, q. s.
M—p. r. n.

To apply paracamph to frontal region; Imperial drink; and trional grs. X. repeated, for her pain.

June 27. Only has relief under trional, jerks extremities, which are cold. Skull tender and sore on pressure over frontal bone, likewise at the supra- and infra-orbital foramina and face is puffed. Is dizzy when in erect posture, and in walking, fell across the couch striking her head over the outer angle of orbit, which injury left slight ecchymosis.

℞ Applied a dry cup over the nucha, the seat of which showed great ecchymosis which persisted for nearly two weeks; this certainly was evidence of passive congestion of the brain.

Eyes sensitive to light and pupils react normally; the ocular bulb not tender on pressure. Body temperature 103 2-5° Fahr.

℞ Hyoscyamine sulph. gr. 1-100 hypodermically; also, dosimetric trinity (Abbott), every hour, and atropine sulphate gr. 1-300 every two hours.

As she refused nourishment prescribed predigested beef (Mulford), and Abbott's saline laxative to keep the bowels freely acting.

June 28. Since 3 p. m. has been suffering excruciating frontal pain. There is a spastic condition of the right extremities, the upper being forcibly contracted and adducted, adding greatly to the suffering.

℞ Morphine sulph. hypodermically, and trional, p. r. n. Applications of antiphlogistine and hops were made to the painful region.

℞

Papine, f ʒi.
Ecthol, aa f ʒiiss.
Neurilla, aa f ʒiiss.
M. S. :—ʒii a dose.

June 30th. No improvement; she is delirious at times. The region over the frontal sinus is tumefied, as are the regions over the maxillary sinuses, most marked on the left side. Experiences numbness of the right side of the body; there is no fever.

℞ Chloretone gr. v., until twenty-five grains are administered, to be repeated after an interval; also flax seed poultices.

July 2d. Better and sitting up. The chloretone relieved her symptoms and improvement began at once.

Our diagnosis was sinusitis frontalis though we are aware that neuralgia of the fifth cranial nerve would have to be excluded.

Acute sinusitis results generally from extension by continuity of tissue of the sinuses or air-cavities communicating with the nose, viz., the maxillary, sphenoid, ethmoid, and orbital. These are freely related by continguity through their after intercommunication, as well as approximation of their openings of exit in the nose, so that disease of one often leads to disease of others; and their close connection with the cranial cavity and orbit often leads to complications there.

The exciting cause of this extension is usually coryza; it is found on autopsy after infectious diseases also. The exudates are generally purulent, but may be mucous or serous; "a fibrinous exudate is not known to occur," though why the diphtheritic membrane should not form is not intelligible to the writer. An oedematous condition of the mucosa at the outlet is generally responsible for the damming back of the secretions and occlusion of the cavities. Chronic pyemia of the frontal sinus may lurk beneath the picture of trigeminal neuralgia; this has been noted in influenza (Hajek). Cerebral implications should be easy of recognition, but if the secondary disease pursues a latent course, a diagnosis is impossible without laying open the sinus cavity.

The treatment of the acute form is expectant as a rule, meeting all local

and constitutional indications. As the case reported did not develop to indicate surgical intervention, the discussion of operative means would be out of place.

The action of chloretone will at times be surprising, and to what to ascribe its virtues, viz., its hypnotic, local anesthetic or antiseptic property, would be problematical.

We have seen this same unexpected action from chloretone, in relieving ptomaine poisoning, after using every therapeutic means at our command.

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THE NERVOUS WOMAN.

By W. T. Marrs, M. D., Jewett, Ill.

Who does not know her? I do not mean the actual hysteric, but the woman whose nerves are always on tension and who is ready at all times to give vent to some sort of emotion. Her nerves make life for herself anything but a sweet dream. Aye, often it is the same for those about her. One woman whom I know was candid enough to admit that she often picked a quarrel with her husband in the evening in order that she might enjoy the reactionary nerve-calm and thus be enabled to sleep. We find lack of equilibrium in nerve cells and centers manifested in a thousand different ways by gigling, gum-chewing girls until they become high-strung, fault-finding women of riper years.

The causes are many; heredity, environment, education and ill health. Like charity, each of these may cover the proverbial multitude of sins. The cure is in acquiring good health and practicing self-restraint. The nervous woman should read some good work on physical culture and heed wisely its teachings. Ten chances to one she is constipated and needs more fruit in her diet. An occasional grain or two of calomel may be a good thing. For chronic constipation cascara sagrada is perhaps the most curative drug we have. She requires at least ten hours of sleep. Good sleep is promoted by taking at bedtime a teaspoonful of celerina and by sipping a cup of hot milk. Irregular heart action is controlled by five to ten drops of tincture of digitalis. She should cultivate poise by practicing auto-suggestion. She should repeat to herself something like this several times each day: "I am going to exercise absolute control over myself and no matter what occurs I will be master of myself and the situation." This resolve, backed up by good health and good habits, will enable nearly any nervous woman to realize that life is worth living.

SOME IMPRESSIONS ON THE CAUSE AND TREATMENT OF ENTERIC FEVER.

By H. J. Chadwick, M. D., Grand Rapids, Mich.

I recently finished a series of cases of typhoid fever, or what I like to designate as enteric, or gastro-enteric fever, as there is no case of typhoid fever that does not implicate the whole alimentary canal. I am confident the ileum is not first at fault, but the stomach is the guilty portion in the beginning of this death dealing disease, for the reason that it fails to digest the albuminous food that the teeth have too illy prepared for it. This class of food, half masticated, scarcely at all digested by the stomach, is passed on to the ileum where it forms a dam in front of the ileo-caecal valve, and

putrescing decomposition begins—evolving the deadly hydrogen sulphide gas, carbon disulphide, and poisonous ptomaines from numerous bacteria almost always present, these poisonous alkaloids and gases, coming in direct, confined contact with the mucous membrane and glands of the ileum, inflame and congest them, from the presence of what I think may be properly named a foreign substance in the form of undigested albuminous food. A hard boiled egg remaining in the stomach a few hours after the usual time for digestion, may cause the most violent gastralgia. If eggs will do this in the strong muscular stomach, don't you think undigested fish, and bologna sausage, Hamburg steak, and other classes of meat, and eggs, passed on to the small intestines and allowed to accumulate in that most delicate portion of the alimentary canal, the ileum, where they break down into various poisonous substances like sulphide of hydrogen, the king of the deadly sewer gases, would in a short time inflame, congest, and ulcerate the glands and mucous surfaces of this portion of the canal? Certainly you do.

It seems to me the causes of typhoid fever are so plain, that to spend so much time speculating on the antics of the harmless little typho-bacillus, as to how we can discover, trap and annihilate him, when every ant, fly, mosquito, bird and domestic animal, can carry from neighbor to neighbor untold millions of his progeny, an extravagant waste of energy with no adequate reward.

Typhoid fever may be produced in any number of the human race under some of the following conditions.

First, the temperature change of the body. Let the body be weakened by cold while the intestines are filled with albuminous food, to that degree that digestion is interfered with—which at normal temperature of the body would be digested and absorbed, and the poisons generated by its presence eliminated in gases, from the rectum, lungs, and skin, and the secretions from the kidney, liver and bowels—but now while all the eliminating organs of the body are overtaxed, and are partially paralized from the putrescing albuminous food, let the body be severely chilled, the surface blood all driven to the warmer parts of the body, the lungs, liver, and intestines, the over-worked capillaries of the ileum, already full and poisoned, have now the task of repairing their own destroyed branches, which proves too much for them, and they break down. Continue to pass on to them this class of food, and the functions of these over-worked glands must be destroyed; and the poisons produced by the dissolution of the structure of the ileum and the albuminous food present, which was at first but a local irritation to the blood vessels in the parts immediately involved, like a sliver in your hand if not removed, soon proves an irritant to the blood carriers of the whole body. This irritation increases the motion of the heart; with increased motion, increased friction, increased heat,—and these conditions continued with not sufficient reserve force to overcome them, will soon destroy the body machine.

I said a sudden chilling of the body while the ileum is filled with putrescing albuminous food is a common cause of typhoid fever. Now allow this same food to accumulate in the ileum with constant additions from day to day, as is likely with hearty eaters, who have not enough work for the body to do to use up the energy this food is capable of generating under normal conditions, a stasis in the activity of Peyer's patches and Lieberkuehn's glands is produced, and we have laid the foundation for enteric fever.

People living in poorly ventilated houses, over-heated—and living large-

ly on nitrogenous food, are quite likely to generate inflammation of the ileum—and this to be followed with typhoid fever.

From what I have said, I think you will see I wish you to draw the following conclusions:

That imperfect digestion of animal food is the first cause of typhoid fever.

That by its presence in the ileum, it proves an irritating foreign body.

That it decomposes into hydrogen sulphide, the slow absorption of which alone has been proved time and again, to produce a low grade of fever; but in addition, poisonous compounds of carbon, and ptomaines from numerous bacteria commonly present, aid in the poisoning process. These alkaloids and gases irritate, inflame, congest, and ulcerate the surfaces they come in contact with, and the general absorption of these poisons irritate the nerves supplying the heart, blood, and lymphatic vessels, the currents in them are quickened, more friction is produced, consequenty more heat, and in proportion to the amount of the poison produced and absorbed, will the temperature be increased or diminished?

Now that we have a rational cause, what are we going to do about it? Remove it, of course. How? First remove the offending albuminous accumulations in the ileum in the gentlest way possible. Next prevent the introduction of more than is absolutely essential to sustain life. Now that you have a clean prima via, and are going to prevent its pollution as long as the typhoid conditions last, treat the damaged surface as you would any inflammation or ulceration on the surface of the body. Keep the parts clean. To do this, fill a glass to within an inch of the top with boiling water, then fill the glass, after adding about ten grains of NaCl. with a solution made by boiling oatmeal till it is the consistancy of cream, straining, and adding part for part of cow's milk, till the glass is filled. The patient can drink a glassful of this hot or cold as he chooses, once in three hours, and all the cold water he wants between times.

Would you give medicines? By all means, first, last, and all the time. What? First, there is a deficiency of HCl in the stomach. Give this as a food and a medicine. It will aid digestion, it will render soluble the ptomaines, and aid the emunctories in their elimination, it will prevent the formation of H_2S and destroy its virulence when formed. I would give the best tonics all the time, for the reason that we have a weakened, over-worked heart and blood-vessels. What are they? Strychnine and quinine. But how will you reduce the temperature? You would pack the patient in ice, (Hannah like), and immerse the poor helpless patient in cold water, wouldn't you? No, no one can ever accuse me of such a practice. I have told you we have in these cases an ileum. The mucous surface of this ileum is richly supplied with capillary blood carriers. This ileum is in the warmest part of the body. In typhoid conditions, these delicate branches of blood supply are congested. Cold to the surface drives the blood to the warm mucous surfaces of the ileum. They swell, break, and ulcerate,—all because you have contracted and squeezed the blood from the surface of the body to the weak and diseased vessels of the mucous membrane of the intestine, by the application of cold to the surface of the body.

Now, what should be done with water and temperature?

First, have plenty of pure warm air from a room heated to about 70 degrees F. Have the patient enveloped in wool blankets so that sudden atmospheric changes will be rendered as difficult as possible; bathe the patient as often as is necessary to keep him clean,

with hot water, and rub him all over once a day with the best olive oil. In following thes directions, you will remove the irritating retained excretions from the skin, and give back to it a supply of its wasted fat, and aid in keeping the perspiratory glands free and active; and I believe, save a greater number of lives than by any other known treatment.

LYCOPUS VIRGINICA.

By. Dr. J. A. Burnett, Pauline, Ark.

Lycopus Virginica or bugle weed, also known as water horehound, is a native of the United States. The entire herb is used for medicine.

This agent is valued chiefly because of its soothing and tonic effect on the heart and arteries. Its action on the heart is so satisfactory that many practitioners have claimed it to be specific for almost all heart troubles. Other practitioners claim that it has no direct action on the heart but extends its influence through the sympathetic nervous system and improves the circulation in this way.

Lycopus is one of our best agents to equalize the circulation. Its main characteristic is lowering of the rapid tumultous and irregular heart beats accompanied with precordial oppression and dyspnoea doing it easily and physiologically. It is very good for cardiac palpitation due to irritation of the cardiac centers.

In most instances where lycopus is used as a heart tonic it is best to combine it with capsicum, an ounce of powdered lycopus to a level teaspoonful of powdered capsicum. Of this combination put a heaping teaspoonful in a pint of water, steep twenty minutes and drink the entire amount in a day by taking a swallow occasionally.

Lycopus is used in hemorrhages, especially hemorrhages from the lungs. It is of value in any hemorrhage, especially when combined with capsicum.

When the urine is scanty, thick and muddy with oedema of the feet or when the urine contains excess of mucus with epithelial cells and oxalate of lime and in incontinence of urine lycopus gives satisfactory results.

Lycopus is somewhat nervine and to a certain extent sustains the nervous system.

In coughs it is of much value, especially cough of phthisis, chronic bronchitis and influenza. It has also given satisfactory results in diabetes mellitis, exophthalmic goitre, albuminuria, when there is frequent pulse, wakefulness and morbid vigilence, when there is inordinately active circulation, and in painful forms of indigestion.

The heart and lungs are the organs mostly effected by lycopus and in diseases of these organs it has a wide range of action and should not be forgotten.

Lycopus virginica is astringent, nervine and slightly tonic and by some is said to be narcotic but this seems to be a mistake. Doses, ½ to 2 drachms of the fluid extract.

It is best given in infusion.

Some time ago a certain Dr. Price, of Tennessee, went after me because I suspected that quinine in labor tended a little bit towards the promotion of hemorrhage. Dr. P. clawed down lots of the "Authorities" in his library until I, a humble Sage Brush Doctor looked like two bits in a fog. Now I find I am not quite alone in my non-authoritative opinion. That world-wide known personage Old Doc of the Brief falls in line with my notions and tells us that where we use quinine in labor, flooding is a little more likely to occur.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SUMMER IN EUROPE.

Vienna with its 1,700,000 inhabitants is a wonderful city. It was founded 80 B. C. and was twice visited by Caesar. Emperor Marcus Aurelius died here 180 A. D.

The city has a little over 25,000 buildings for this large population, which accounts for the great number of six-story buildings. There are very few stone buildings and one is greatly surprised to find what he thought was stone was only brick and cement. They certainly have stone imitation perfected here.

The old city was surrounded by fortifications which were leveled in 1857 and made into a beautiful boulevard called the Ring Strasse. All the principle buildings face this street so that the architectural beauty is unsurpassed by any street in Europe.

St. Stephen's church is one of the finest Gothic edifices in Europe. It was founded in 1147, burned in 1258 and soon after rebuilt. It's interior is richly decorated with sculpture and monuments and contains carved stalls and a stone pulpit of special note.

The Capuchin church contains the burial vaults of the royal family. Among these are Maria Theresa; Marie Louise, wife of Napolean and his only son, Duke of Reichstadt, and Maximilian, the so-called emperor of Mexico, who was shot in Mexico.

Napoleon's son lived here until 23 years of age, and was allowed to dissipate his life away and not allowed to marry, for fear of the outcropping blood of Napoleon I.

The statue of Prince Schwartzenburg reminds one of Napoleon I, who received his first defeat by this general at the battle of Leipsic.

The imperial treasury in the palace should be visited not only for its jewels, for it contains the third largest diamond in the world, "The Florentine," but for its religious relics. It contains a piece of the true cross, a nail from the cross, a piece of the table cloth used at the last supper, a piece of the holy apron on which the Savior wiped the feet of his apostles, a fragment from the manger of Christ, a bone of the arm of St. Anne, three links of the iron chains with which the apostles Peter, Paul and John were fettered, a piece of the garment of St. John the Baptist, and a reliquary containing earth saturated with the blood of the Holy Martyr, St. Stephens.

The Imperial museum and art gallery are well worth seeing. In the art gallery the pictures occupy 80 rooms and it is said to contain 150 recognized masterpieces.

The Prater and Volks Garten are the two popular parks in Vienna. The Prater contains 4,270 acres and has one part that is very much like Coney Island. The Volksgarten is a typical beergarten and has a very fine band program each evening. To eat, drink beer and hear good music is the German's delight and I find that the Americans take to it very kindly.

Schoenbrunn, the emperor's summer home, is at the edge of the city. With its beautiful landscape garden and pleasure ground, it is a sight with few equals in Europe. There is plenty to keep one busy for many days with sight seeing.

There are many odd things to see in Vienna. It looks queer to see a man walking behind the sprinkling cart

swinging the hose from side to side, or another sprinkling the street with a sprinkling can. To see women working with the men in building a block seems odd but they say they had rather do that than cook and tend babies, so they are well satisfied.

When they paint a house they build an elaborate scaffolding from the ground to the top story. A man to be a painter would have to own a lumber yard.

The Germans are exceedingly polite and gentlemanly and the Americans would do well to copy them. The people on this side of the water do not chew tobacco and I have been unable to find a habit here as filthy as that purely American one. It is against the law to spit on the sidewalk here and I hope the time will come when this is true all over the states. No one wears glasses unless they are very nearsighted. At Fuchs they say that 20 per cent. of the cases are high myopics. In reference to the fitting of glasses and optical work, we are far in advance of the old world.

The city of Vienna has a royal lottery in which the people are allowed to gamble from 1c up. This brings to the crown 12,000,000 florins a year, or $4,500,000. The state also controls the cigar and tobacco traffic and one can buy stamps at every cigar store, which makes it very convenient. The state also owns the opera house and largest theatre and at these two places the officers of the army are allowed to attend free of charge if they remain standing during the performance. The Opera House ranks with the Paris opera house as one of the finest in Europe. It is a very beautiful stone building, richly decorated in the interior.

Local customs are very amusing to the stranger. One day while we were in one of the stores my wife sneezed and immediately all the clerks bowed very low and wished her continued good health. The custom dates back for over a hundred years, when they had a very severe epidemic of influenza and when the cases were improving they would sneeze, thus the custom originated.

All good things must come to an end so the day came when we left Vienna for Munich, that quaint old German town. It is a ten-hour ride but very interesting. The city was once a walled town but the old fortifications have given place to beautiful boulevards and a few of the old gates still remain to remind one of past ages. There are many old churches and the museums and art galleries contain many masterpieces. The typical German restaurant life is seen here and one should always take lunch and dinner at these old places.

Herzog Carl Theodor, the Bavarian prince, who is a well known eye specialist, has a private clinic here, but he was not in the city. Dr. Geunwald, the nose and throat specialist, was also out of the city. It was a great disappointment, but I hope to see many of these leading men at the International Congress that mets in Lucerne from the 13-17 September.

The trip from Munich to Gunsbruck is a delighteful ride of four hours through the Tyrolean mountains. The little city nestling in the valley partly surrounded by snow-capped mountains is certainly a picture. The old Franciscan church of the 16th century contains the monument of Maximilian I, which is adorned by small sculptures by Colin and said to be the finest work of the kind in the world. A train ride to the Berg Isel gives one a beautiful view of the valley with its surrounding mountains, the cars taking you 2,454 feet above Innsbruck.

From Innsbruck to Zurich is a charming ride of seven hours through the Tyrolean mountains. Part of the way is through the Inn Valley. One

could not ask for a more beautiful picture than this valley, with the green dotted by white houses and every few miles a village with its quaint old church and the silvery Inn River winding its way along. On each side rise the snow-capped Tyrolean Alps. The ride seemed very short and our destination was reached before we realized it.

Zurich is a beautiful city of 150,000 inhabitants, nestling at the foot of Lake Zurich, which is twenty-five miles long. Pension Fortune is an excellent place to stop on account of the number of English and Americans there. There is a fine boat ride of 4 hours to the head of the lake and return every day at 2:45 p. m. Outside of the beautiful views there is little of interest.

Prof. Haab from whom we know Zurich is connected with the Policlinic of the university. He also has a private hospital. The doctor has been sick with hip trouble since Easter, so he does not attend the clinic. After being in Vienna the material seems very limited here and there was very little of interest.

In traveling through Switzerland you can buy a general-abamement ticket for a certain number of days which allows you to travel where you like and as much as you like, on the railroads and steamers. The second class ticket for 15 days is $10, which makes traveling very cheap. For sight seeing this is the way to see the mountains. Two to four hours will take you most anywhere in Switzerland. Switzerland is certainly the picture gallery of Europe. Every look from the train or steamer is a picture, ever changing and interesting.

When you reach Interlaken and standing on the promenade and see the snow-white Jungfrau framed in green mountains with a blue sky above you truly say it is the most beautiful scene in all Switzerland. In taking the trip to the Jungfrau I would advise going to Scheidegg the first day and walk to the Glacier and return to Scheidegg to stay all night, and in the morning walk down the mountain to Lauterbrunnen. You would buy your tickets then from Interlaken to Scheidegg and from Lauterbrunnen to Interlaken. We were very fortunate on our trip to the Jungfrau to see two large avalanches and heard the rumbling of four more. Staying at Scheidegg gives an opportunity to see and hear these terrors of the mountain. In coming from Brienz to Lucerne or going from Lucerne to Brienz through the Brunig Pass be sure and take seats on the right side of the car. I was told by a gentleman who had just come from Lucerne to Brienz to be sure and take the left side of the train when I went to Lucerne, so I made an exciting race from the boat to the train at Brienz to obtain the desired seat and found that the train reverses at Meyringen, which makes the right side the desirable side both coming and going. I have found that much of the advice given me before coming to Europe has been faulty.

I had the pleasure of meeting Dr. John E. Weeks, of New York, who has a paper before the International Congress on "Restoration of the cul-de-sac," so that an artificial eye can be worn. He claims a perfect result by anchoring the graft to the periosteum of the orbit bringing the sutures out at the orbital margin of the lids. By anchoring the graft to the periosteum you will certainly obtain a deep fornix.

This is the land of goiters and you see them every way you turn. It is claimed the condition is due to the drinking of glacier water. A great many of the natives wear cotton in their ears. It looks as if it was used as a preventive. I saw a remarkable sight the other day in the person of a giant hunchback. If the man had been straight he would have been consider-

ably over seven feet high. He also had divergent strabismus so his appearance was very striking.

The papers at the Congress will not be read, but only discussed, so the American ones and the leading foreign ones will be printed in our leading American journals. The congress meets once in five years and it is hoped that the next meeting will be in America. The invitation will be extended.

The old home-made shingles on the long flat roofs held in place by large pieces of stone that are generally seen in all Swiss pictures, are gradually becoming a thing of the past and the red tile is now being used. It is remarkable the state of preservation of the old wooden houses that have never known paint and are from 100 to 250 years old. The long projecting roofs undoubtedly protect them well from the rain.

In leaving Lucerne for Italy we sailed down the beautiful lake of Lucerne to Fluelen, were we took the train for the St. Gothard Pass. Our first stop was Altdorf, where the William Tell incident of the shooting the apple from his son's head took place. The two spots which are marked by a fountain and a statue are 400 ft. apart, which certainly was a very good shot.

The St. Gothard railway is certainly a wonderful construction. It was commenced in 1872 and finished in 1882 at a cost of $47,600,000. At Wasen you pass a little church three times, once below it, once even with it and then above it. After passing many tunnels, all with double tracks, we enter at Goeschenen, the tunnel which is 9¼ miles long. Up to Goeschenen everything is German, with Swiss villages and Swiss customs, to emerge from our twenty minutes of darkness to new houses, language and customs.

J. A. Pratt, M. D.

Home Address, Aurora, Ill.

DOCTOR'S DISPENSING

Should a doctor dispense? Well, I should pretty much think he should unless he wants to do the charity act for the drug stores. Mr. Jones for syph. wants renewals every 14 days, they cost $3. What use better than mine can our respected druggist find for that money? I fill the ℞ in four minutes. Many a patient will quit a "Paper Doctor" to go to a "Drug Doctor," saying "I'd rather get it straight and be sure of it." It is a confession of weakness to send another man to finish the job.

A doctor is apt to keep his hands in his pockets too much anyway. Keeping a rustle on the fingers helps normal brain development. There is a pseudo-respectability attached to the man who does no labor with his hands in services rendered or supposed services. If anything makes me tired it is that type of doctor on display without a satchel.

With a satchel a doctor easily looks to be a doctor but without one he has to live under the pressure of greater dignity to be equally impressive. There was the time when getting education meant simply sitting on one's stern and pretending to take in a long and windy lecture but now it means the acquaintance with instruments of precision the study of things and materials, work in the laboratories, etc. The doctor of the prescription blank and the wise looks belongs with the fossils past educational methods.

We excuse the chemist of long experience from doing personally every detail of an essay. He may oversee the work and the work be still his. But think of the chemist who has always been in the habit of "overseeing never making an assay." What should we think of him? Yet there are doctors, plenty of them, that do not compound a ℞ in a year. Now I know that there is much I have learned by tasting and manipulating my medicines, while by so doing I have lost nothing. If doctors

hand out any work to subordinates these should be beginners in medical practice and not men like druggists of divergent interests. Could the medical profession look ahead to this day from 50 years ago it would have seen the wisdom and the profit of drawing the drug business into itself. Even now this can be in a sense approximated by doctors handling their own medicines. It has been a species of wastefulness that has allowed doctors to lose so much that belongs to their profession. Instead of viewing pharmacy as a separate profession we should look upon it as a part of medicine and a necessary department of a medical education.

Dr. C. E. Boynton.

Los Banos, Cal.

THE MEDICAL MAN AND PROFESSIONAL OPPORTUNITIES.

It must be very evident to the medical observer that the practice of medicine in the future must take on some matters now pretty generally ignored and also must omit a large amount of exacting and severe labor which comes far short of being worth the while. The days of specialism are upon us; people who are able to pay the bills get the man who is especially fitted for the line of work deemed necessary. Indeed so great has competition become that in many sections of the country. practitioners carry their own medicines—simply because it adds to the income and makes possible a controlling of the families attended by the doctor. In other words competition has become so active that it behooves the medical man to not only adopt a course which will secure fitting return for an outlay of time and money which in these days of long pupilage means a small fortune but it behooves him to adopt a line of work which will make him something more than a common humdrum practitioner.

The greatest single business in the world today that directly concerns the medical man is life insurance. It stands upon the work of the medical man; without his efficient aid it would go to the wall in no time and with his aid made practically perfect it offers to the people of today a savings bank and provides against the woes of poverty when the inevitable hour comes and those least able to bear the hardships of want are provided for. When men of business acumen are daily providing for their families by carrying a form of insurance which gives to the children a sum payable yearly so long as the beneficiary lives it is pretty evident that you are approaching the problem of providing for the future. When the partners of a great mercantile concern or manufacturing enterprise carry joint policies whereby either of the surviving member or members receive a sum which guarantees against any reversal of business owing to the changed conditions of management, it is manifest that life insurance not only guards against want but it also guards against business disaster as well. These two of many features are mentioned simply to show that the old chestnut about having to die no longer applies to life insurance.

However, it is of the medical man I would speak in his relations to the great work of making life insurance the success it is and is bound to become even to a greater degree of exactness than it now is. The very foundation upon which all safety in life insurance rests is made by the medical profession. Without the knowledge and facts furnished by the medical profession all life insurance would be haphazard guess work with no guaranty of permanency or safety. Vital and mortuary statistics make the rule and guide without which the ship in a storm without compass or rudder would be a tame comparison. It is within the range of the

possible to make these statistics well nigh perfect. As we approach perfection in the personal and ancestral picture of the applicant we make computation possible whereby the greatest certainty of expectancy is attained and consequently the lowest rate for insurance is secured. In other words when the medical profession has made statistics what they can and should be made life insurance will reach the solid rock of offering security to those who are left by the untimely removal of the breadwinner and this at a cost commensurate with the income of the average, prosperous man.

The insurance company of the future and really the best of the present ask the medical examiner at a good fair pay for service for a pen picture of the applicant. The medical board sitting in New York reads the story of the applicant as told by the competent medical examiner and upon that picture aided by a civil report as to the applicant's standing as a man and as a citizen a policy is issued. At no time when a death is reported to a standard company is there a failure to pass upon the salient facts; the examination is gone over; the resultant death is either due or a miscalculation has been made and in a large proportion of instances any shortage in time concerns directly the examiner. Thus good examiners get into one class; the hurry-up fellows get into another and very soon into the exes. Medical examiners hold their position during their professional career if their work entitles them to the position. The pay is always good and sure; the labor uninterrupted; the time very nearly of your own selection; the perfection of the work is as certainly in your hands as though you were on a desert isle with time galore on your hands. All the elements are here presented whereby conscientious work of the very best brand of which you are capable is not only possible but almost unavoidable. Then the medical man who will make himself competent; who will make himself recognized as a painstaking examiner will seldom fail to find himself in a position of honor and trust and open at the same time an avenue to an office work that pays better than any other and is honorable withal. What more can the medical man want?

If one half the study were placed upon physical examinations of the body which is wasted (so far as adequate financial returns is concerned), upon the study and practical work of surgery by aspirant surgeons the world would have a body of insurance examiners who could and would offer hope of an exactness in method worthy of an exact science and a perfect art.

Then let the general practitioner omit no measure of his duty to the profession and to the community to which he owes much, to make all vital and mortuary statistics practically perfect for in so doing he is erecting sign boards to those who come after him for their guidance and delivering not alone to those whom he numbers among his friends but to posterity itself the heritage of duty well done and in so doing he lays the foundation stone for better things now and to come for all who labor for love and pass to the great beyond with the dawn of hope of its fruiting assured.

The medical man who would find an avenue for his talents need seek no farther than to make himself master of the pleximeter and stethoscope. In comparison with many specialties the work is very much less and the opportunities of making the result what you will are very few in comparison.

J. A. DeArmand, M. D.
Davenport, Iowa.

Nitric acid acts upon the entire body.

J. A. Burnett, M. D.

VAGINAL IRRIGATION.

It is not often the case that vaginal irrigation should be used by healthy women, but such is recommended by many physicians. In diseased conditions they are in many cases of great value. It is quite often the case that irrigations are used during the menses which are most always harmful, especially when the temperature of the water is too low or too high. There is but little need, if any, of a woman, especially an unmarried woman, using vaginal irrigations after each menstrual period. And when not needed and used recklessly, as is usually the case, much harm is the result. Vaginal irrigations should in all cases be given by a physician or trained nurse, for unless they are properly given more harm than good will be done. In no case should the patient alone be trusted to give herself the irrigations. Vaginal irrigation employed after coitus is harmful and often the cause of sterility. They should never be employed in this way, neither should they be employed by healthy pregnant women, as they are harmful in this condition because they reduce the bactericidal power of the vaginal secretion, a fact that was demonstrated by Kronig and Doderlein. When a woman is wearing a pessary, vaginal irrigations are of use for cleanness. The temperature of the water used for this purpose should be 82° to 89° and no antiseptic should be added that will cause a corrosive action on the pessary. Vaginal leucorrhoea is greatly benefited by vaginal irrigations of antiseptic solutions when used in connection with the indicated internal remedy. These irrigations alone should not be expected to cure leucorrhoea, but are an excellent aid to the internal remedy and should be given in all cases. During gonorrhoea, pruritus vulva, dysmenorrhea and various other diseased conditions vaginal irrigations are of great value. Irrigations of a bichloride solution should be used in gonorrhoea, irrigations of a combination of bicarbonate of soda and lobelia should be used in pruritus vulva and irrigations of lobelia or lobelia in combination with cypripedium should be used in dysmenorrhoea. In some obstetrical cases vaginal irrigations should be used but should never be used in normal cases as they can do no good and may do harm.

J. A. Burnett, M. D.

Pauline, Ark.

NOTES.

I have had several cases of urticaria this year. Relieved every case by giving the following:

℞

Calomel,
Soda bicarb.,
Zinc sulpho-carb , aa gr. xii.
M. Ft. Cht. No. vi.
Sig. One every 2 to 4 hours.

Also used colon flushing with normal salt solution.

Had an obstetrical case last week and next day I stept into a drug store and saw lying on the counter: 1 pt. tr. camphor, 2 bottles Mrs. Winslow's soothing syrup, 1 bottle paregoric, 1 bottle Bateman's drops and a box of teethina.

On inquiry I found that it had been purchased by the father of the bright little girl babe that had only been breathing the atmosphere of this world about 24 hours.

I asked the father what it meant and he told me that old lady Jones and Mrs. Smith had come to see the baby and given his wife a list of medicine that should be purchased for the expected sick spells that the little one was going to have some night when they could not get a doctor.

Another man sent in today and bought 1 bottle castoria, 1 bottle laud-

anum. All of this for a new-born babe. He said that the mid-wife told him to get it.

Under the above conditions can we expect to have a healthy people?

Indigestion, neurasthenia, hysteria, whiskey, opium, chloral habits and insanity will be more prevalent if something is not done to check the sale of the nefarious stuffs.

F. G. Thomason, M. D.
Kissimmee, Fla.

KICKS.

Doctor, does it hurt when a patient kicks at the size of a bill? The writer can say that as far as he is concerned that it does hurt After suffering with a patient the ills he suffers it is indeed hard to hear him say that bill is extortionate. Sometimes it seems that money can never pay us for the anxious hours we give to the consideration of the troubles of others, then to be told that we are ill deserving of a few paltry dollars, makes us feel that poor human nature is indeed ungrateful and selfish. Very likely we half resolve to become a little hard hearted ourselves then. Once the writer put in twelve hours of night and four day calls with a sick and dying child and the wealthy father thought $30 too much, in fact he was insulting, declaring such a bill an attempt to rob him.

Reasoning with some kickers is out of the question. But usually attempt at reasoning with them means a fall more or less to their terms but every thing considered it is perhaps best.

It is better to charge most people a good full rate and if they object, to reduce reluctantly than to, half in fear, be "very reasonable." We all feel some contempt for this very reasonable man. Perhaps the best suggestion I could offer as to how to make money in practice is to keep your medicines and when it is advisable urge the patient to take a large quantity. In that way the average office call can be made to reach three dollars or more.

We may put up a large bulk saying: "Your case requires much medicine to cover a long time." When he asks "How much?" say $10. If he objects ask him if he wishes an eight dollar quantity, then put some of the medicine back. Finally by this method a doctor can realize the maximum; and that is what he wants. Some men are anxious to pay out money to a doctor.

Mr. G. has a trace of irritation on the foreskin following medication for a mild gonorrhea I give him treatment to the value of three dollars and he is well pleased. If I had said "Leave it all to one, it will soon be well," he would have put his case into other hands. This man is the opposite from the kicker.

Sometimes I make a kicker the present of his bill if I think he can feel the rebuke implied. I have spoken like this, I say: "It annoys me to argue price, the burdens of a doctor's life are great enough aside from fighting about money, it is easier to put you on the free list. If accepting charity humiliates you pay me whatever you wish." Now if he pays you pretty well say nothing, if not tell him to get another doctor next time.

One day our huckster asked me to leave my bill against him with my housekeeper. Soon she telephoned me that the huckster made a great kick to her about that bill. In ten minutes I saw the man, he was mild as a kitten and when I told him what a nice fellow he was he concluded the bill was all right and he would scarcely accept a small discount. Dr. C. E. Boynton.
Los Banos, Cal.

Caulophyllum thalictroides is of value in prostration of men who have overexerted themselves.

J. A. Burnett, M. D.

THE TIN HORN OPERATOR FROM THE CITY.

I am a country doctor and in a humble way do a practice of about $500 per month. I put no card in our local paper either, understand. Perhaps I should be unheard of by the reader but for a kick I now register. I mildly object to the rural migrations of that polite card presenting unknown from the city whom I denominate the "Tin Horn Operator." Usually this upish individual uses a country medico as a "cats paw."

One or two have struck our town lately. Now two or three of us country doctors could get together and do as good an operation as the city men who itch for long cheap trips into the country. Of course we do not do hospital jobs and when necessary we send cases to city hospitals. We feel that there is no good reason for "urbs" to exercise a fatherly oversight towards "rus." Strange to say I have known country doctors who delight to act as floor walkers for a city doctor who is not well known in town. It is very interesting how old hens and ladies male and female will go on about the "operation" and almost love the "wonderful" operator. Some country doctors stand for all this. Mr. Editor, how is it? Must we rustics join in and hallelujah for every little "Tin James" from the city when he operates his separator in our dairy and takes the cream?

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

Homoeopathic hypericum is of value both externally and internally after surgical operations to relieve nerve pain.

Cypripedium acts beneficially upon the entire nervous apparatus. It often gives better satisfaction when combined with scutellaria.

J. A. Burnett, M. D.

"GRATITUDE!"

That man was sick: Oh very sick
He thought he'd have to croak,
Said he, "Oh Doc. this fever knock
And then if I go broke,
To pay you all, before next fall,
I never shall complain.
Oh, save me Doc. and I will talk
Of you from Butte to Maine."

A call at night, again at light!
Oh, how he hustled me!
I never knew 'till I got through
That all of this was free.
But not a cent to pay my rent
He coughed up: but one day
He took a spell and thought that Hell
Was certain sure to pay.

I worked away, that blessed day,
And spoilt a golden ten
To save the case by an ace
I scored a victory then.

The fever fell, no tolling bell
Could by its mournful beating
Declare that death, had choked the
breath

Of him whom I'd been treating.
He lived, and Oh! The joy to know
That my hand kept him living:
E'en if I lost all that he cost
I gloried in the giving.

Did he that fall, pay for one call?
Not many dimes or nickels
Said he with curse: "Doc made me
worse,
He'd not allow me pickles."

"I took Doc Quack's cure for lame
backs
That helped me quick, By Golly
Now that Doc Boyn, don't get my coin
I've signed my farm to Molly."

C. E. Boynton, M. D.
Los Banos, Cal.

Medicines in liquid form are more prompt and satisfactory than those in solid form.

J. A. Burnett, M. D.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CAMPHOR IN PULMONARY TUBERCULOSIS.

Koch, of Berlin—not the noted bacteriologist—has for a number of years employed with favorable results hypodermic injections of camphorated oil for the treatment of pulmonary tuberculosis. On four successive days one gram of camphorated oil was injected once daily, followed by an intermission of ten days, when the injections were resumed. Good effects were obtained. The temperature soon fell to normal and remained there for some time, expectoration, at first increased, became easier, the appetite improved, quiet sleep was possible and the patients gained in weight. In advanced cases nothing but temporary improvement could be expected, but some of the cases in the earlier stages were entirely cured. Later the hypodermic injections were replaced by inunctions. A camphor ointment was employed, so arranged that about 0.4 grams of camphor were rubbed into the skin each time. For convenience (?) sake the author has placed the ointment into the market under a special name, but there is no reason why any one should not compound a similar ointment, sufficient for the purpose. The ointment is to be used daily in a manner equal to the application of mercurial ointment, rubbing it into different parts of the body in regular rotation. Results equally as good as by hypodermic injections were obtained, in one case even a ready cessation of hemoptysis. Similar good effects were produced by the inunctions in cases of emphysema and bronchitis. In them also the expectoration increased at first, then became easier and soon ceased.

It would be unwise to expect or promise great benefit in every case of phthisis from the use of camphor. Koch himself does not want it to be considered a specific, but only a valuable aid to the hygienic and dietetic treatment of the disease. Its results have been sufficiently favorable to warrant more extended trials of it.

MEDICAL TREATMENT OF STENOSIS OF THE PYLORUS.

Numerous observations by men of high standing, as reported in the Deutsche Medic. Wochenschr. by A. Hartz, show that thiosinamin possesses the power of acting upon scar tissue wherever situated, softening and stretching it, so that disturbances produced by it are relieved. At first employed only on external scars it has been recommended for pleuritic thickening. Hartz reports a case of benignant pyloric stenosis due to the formation of scar tissue by a gastric ulcer, followed by retention and its resulting symptoms. It was of twenty-eight years standing. Treatment by thiosinamin injections was commenced, using a 15 per cent. alcoholic solution, and injecting it subcutaneously into the back. The initial dose was eight drops, increased rapidly to sixteen. Two injections a week were given, twenty-three altogether. After the ninth injection the appetite had improved, the food passed more readily into the duodenum and gastric lavage showed the fasting stomach to be quite empty. All the gastric symptoms improved rapidly and an entire cure resulted. The drug is harmless, not

even causing a local inflammation at the site of the injection. The case is a remarkable one. Medicine has so far proved itself entirely ineffective in the treatment of gastric ulcer and the profession has, reluctantly enough, consented to hand such cases over to the surgeon for the performance of gastro-enterostomy Surgery claims to cure the disabilities arising from the ulcer and the resulting gastro-ectasy. It is too early to pronounce finally on the correctness of the claim, for the operation is as yet too new and not enough material has accumulated to give a good basis for judgment. But if the new drug is really able to do in all cases what it has done in the one reported, it has removed one of the opprobriums of internal medicine and will be hailed with delight by the physician.

THE LIFE INSURANCE EXAMINER.

Examination for life insurance has become an important feature of medical work. The Medical Examiner and Practitioner, a journal devoted to that field of practice has for some time given much attention to the question how to improve the work of the medical examiner and how to bring him into closer and more harmonious relation with the home office. That a great many insurance examinations are made carelessly and without proper regard to the importance of the transaction and hence are practically worthless, is certainly true. But the fault lies largely with the insurance companies, for too frequently they do not seem to want honest examinations, do not protect the physician who makes them and almost without exception allow greater weight to their agents than to their examiners. It is discouraging conscientious work and plain speaking, when finished examination reports go into the hands of the agent, perhaps to be copied by an irresponsible office clerk. Confidential communications are asked for by the medical directors of all companies, but such communications too often do not remain confidential, but find their way back to the agent and even the applicant, to the detriment of the trusting physician. Whoever has been caught in this way will be mighty careful not to make the same mistake again. The writer had an instructive experience a few years ago in the service of one of the best reputed old line companies. A young man brought for examination, apparently a good risk, showed a mitral murmur. He was remanded for re-examination, but never returned. The writer suspected that he had been taken to Dr. K., an elderly gentleman with very defective hearing, a fact well known to the agents. The suspicion was confirmed by inquiry at the home office. The young man had been granted a policy. Dr. K. was justly discharged, but the agent, who had purposely perpetrated a fraud on the company, was retained. Some years later the writer, who had received frequent assurances of confidence from the home office, on leaving the city recommended several physicians from whom to choose a successor. But the recommendation was ignored and a selection made on the recommendation of the same trusty agent. This may be an extreme case, but the agents always stand in closer relation to the home office than the examiners.

The duties of the insurance examiner conflict in many respects with those of the practicing physician. Doing full justice to one is too apt to prejudice the other. The physician who is called upon to examine for insurance a person of whom he has knowledge obtained in a professional way, finds himself confronted by a difficult dilemma. Both sides have their claims on him which conflict more or less. How

(Continued on Page 439)

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. NOVEMBER, 1904. No. 11.

THE SOCIAL EVIL.

This is a problem which sooner or later must be considered in a different manner by American cities. Venereal disease in this country is increasing and something must be done to lessen its spread.

Dr. H. D. Holton states that 15 to 20 per cent. of adult males are affected with syphilis and about 80 per cent. with gonorrhea. This is a startling statement and should have the careful consideration of every thinking man. It means that not only victims of these venereal diseases must suffer but thousands of innocent persons will contract these diseases from them and suffer. There are so many ways that syphilis may be contracted that Dr. Bulkley thinks it should no longer be classed as a venereal disease. In this country we are making great progress in the prevention of disease. We are conquering yellow fever, typhoid, tuberculosis, and other dread diseases, but we are giving little attention to the prophylaxis of diseases which exist in every community and which are far-reaching in disastrous consequences. There are two measures which should be adopted to prevent the spread of these diseases. First, educate boys regarding the dangers of these diseases and second, the examination of brothels and the quarantine of diseased persons. There has been a public sentiment against these measures in this country, so that the first step might really be the enlightenment of clergymen, teachers and other public leaders; when they realize the great importance of the subject they will not stand in the way of prophylactic measures. Boys attending schools and colleges should be instructed regarding the subject. The wide distribution of such works as Dr. Ferd. C. Valentine's, "The Boy's Venereal Peril," would result in great good. This pamphlet of thirty-five pages Dr. Valentine issued last year and we wish every boy in the land could have a copy, for it would certainly cause some thinking. Many measures have been suggested for the prevention of venereal disease but the only measure aside from public enlightenment on the subject, which seems feasible, is the examination and quarantine of prostitutes. There are some good people who are horrified at the mention of venereal disease, who do not want to hear anything about the subject, yet buy newspapers containing dirty advertisements of "cures" of all kinds of venereal diseases. If these people would boycott such newspapers and help along the measure suggested above, they could do some good in the world.

Some say shut up the houses of ill-fame but physicians know that that only makes matters worse as the inmates only scatter to different parts of a city. As long as the male population continue as they are at present prosti-

tutes will abound. Education of the young men will lessen the demand for them and the proper regulation of their abodes will lessen disease.

The first active efforts in this needed work must come from physicians and they will not be found wanting. We believe that the profession will take up this matter, as it has other prophylactic measures, and will push it until there will be much less venereal disease. Our profession works for the public good regardless of consequent loss of revenue.

Since writing the above we have read an article along this line by Dr. W. B. Morgan, of St. Louis, in the Clinical Reporter. We quote the following excellent summary of the subject with which Dr. Morgan concludes his article:

"Venereal diseases are always prevalent, are widespread, are nearer to most people than they suppose, and constitute a great festering sore on the public, yet in this great sanitary era, when even mosquitoes and fleas are receiving attention as disease carriers, nothing is being done to check their spread.

"What can be done? To pass laws requiring cases to be reported and isolated would only turn the cases over to doctors who did not report cases. Any attempt to inflict penalties for the transmission of contagion would likewise result in evasion. Laws requiring a certificate of health before marriage would prevent a lot of trouble, if faithfully enforced, but there are lots of doctors who would give certificates to anybody for a small fee, and that kind of doctors would be quite apt to be around where such fees would fall. Inspection of brothels and strict quarantine of affected persons found is probably the only practical and effective step that could be taken at the present time. In Paris and Berlin this is done with great abatement of disease. It is reported that the French soldiers are the freest from venereal diseases, though the French are not noted for chastity.

"A generation ago a similar law was in force in this city for a short time. Venereal diseases nearly vanished, but the clamor of a horrified people compelled repeal of the law and the old canker was resumed. It has flourished unmolested since, and is now during the World's Fair. Lawmakers are not going to do anything about it till there is some call for it, and I do not know of any people who are likely to start the ball rolling, if not doctors. Perhaps public sentiment has changed some in thirty-five years, or perhaps it may be changed if an effort is made. Shall we continue to keep silent, or shall we try to get a detail of sanitary officers to look after venereal diseases in public houses?"

A report has been prevalent this fall that worms have poisoned cabbages so that serious sickness has followed eating them. The Illinos State Board of Health has investigated these reports and finds them untrue. Any poisoning which have occurred was due to arsenical or other poison put on the cabbage to destroy the worms.

RUNDSCHAU.

(Contuinued from page 437).

can he do justice to both? The solution of the difficulty will probably be found in a separation of the two duties and the creation of a new specialty, that of the insurance examiner, the man specially trained for the work, engaged in no other and thoroughly familiar with the most advanced refinements of diagnostic science.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

BY THE FIRESIDE. By Charles Wagner, Author of "The Simple Life," "The Better Way." Pages, 300. Silk Cloth, Gilt Top. Price, $1.00. McClure, Phillips & Co., New York.

This is the latest work of Charles Wagner, the celebrated French preacher and philosopher who in a short time has become a writer of international fame. It was his first book "The Simple Life," which immediately gave him a great reputation and of which President Roosevelt said: "It should be used as a tract throughout the country."

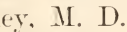
CHARLES WAGNER

Chas. Wagner was born January 3, 1852, in the little village of Wiebersville, Alsace, where he spent his childhood living in the simplest way until he was sent to Paris to begin his studies preparatory to a theological course. "I was fourteen," he says, "before I had my first glimpse of modern complex civilization. I was to go to Paris to school, and was put on the train and told to get out when the guards called 'Paris.' My life had been so simple up to that time that I did not know what a gas burner was, and my idea of artificial illumination was confined to candles. You can imagine what a revelation to me were the boulevards, the lights, and the crowds of gay Paris."

From an obscure preacher in a quaint, obscure little upper-chamber chapel of the Rue des Arquebusiers he rose to the popular pulpit orator of the handsome hall of today on the Boulevard Beaumarchais. The publication of his books has given him a world-wide audience for his teachings. At present there is a special interest in this author as he is making a tour through this country lecturing in the principal cities and at various institutions and colleges. Soon after his arrival in the United States he was entertained at a dinner at the White House by President Roosevelt.

"By the Fireside" is a book of pleasing and friendly counsel on home life, its pleasures, duties and obligations. It points the way to successful family life. Like all of Wagner's writings this volume presents a delightful, practical gospel of mutual love told in a simple, beautiful and interesting way. The different phases of home life are discussed and the true family spirit plead for. The book is really a collection of beautiful and philosophical essays on the home life, simply and directly told. The interesting little incidents thrown in all through the book maintain the interest. It is a book which everyone can read and appreciate. Wagner's books are having an enormous sale and this is not on account of extensive advertising but because of their merit. One person reads a volume, is pleased with it, recommends it to a friend or two, per-

haps buys a volume or so for a present and so the sales grow.



In The Year 1800. Being the Relation of Sundry Events Occurring in the Life of Doctor Jonathan Brush During that Year. By Samuel Walter Kelley, M. D. Pages, 421. Silk Cloth. Price, $2.50. Illustrated. The Saalfield Publishing Co., Akron, Ohio.

This is the third volume in the Doctor's Recreation Series now being issued under the general editorial supervison of Charles Wells Moulton, and this volume is certainly a gem.

The book is a historical novel, the events of the story being related as occurring in the year 1800. Dr. Kelley gives the story as Dr. Brush's own words so there is a quaint style to it which is very pleasing. The story opens with Dr. Brush's experiences as a young physician in the frontier village of Farmerstown in the Province of Maine. It is here that the mysterious stranger. "Mrs. Gray," appears as a patient and figures all through the story. At this time this village is new and we are given a splendid account of the people of such a primitive New England place; we are introduced to the other two doctors, the clergymen, the judge, and other provincial dignitaries, and to the tavern keeper, lumbermen, etc. We get a correct knowledge of methods of treatment used by the practitioners of 1800. It was at this time that the craze over Perkins' "tractors" was prevalent and filled about the same position as Christian science does now. Diseases amenable to suggestion were benefited and that, like other psychic fads, was its limit. As presented in this book a most excellent idea is gained of the practice of "Perkinism." Another subject of interest is the account of the resurrection necessary at the time to obtain anatomical material. Jenner's discovery of vaccination had just been announced and the discussions of it by medical men of the day are most interesting.

The scene of the story changes when Dr. Brush removes to Philadelphia for further study and to practice. Philadelphia in 1800 was the metropolis of the New World with its population of one hundred and twenty thousand and it had the greatest medical college this side of the Atlantic. Dr. Brush was promptly appointed demonstrator of anatomy at the college because of his superior ability and his description of affairs at the college is good. Dr. Benjamin Rush was professor of practice of medicine, and Dr. Physick professor of surgery and we get a fine glimpse of these fathers of American practice. Of great interest is the account of Dr. Physick's surgical clinic where the operations were performed without anesthetics or antiseptics. In a clinical lecture he says: "Pain is one of the dreadful features of surgery. Of course, it has been greatly mitigated since limbs are no longer merely lopped off with a sword or heavy knife, and since the practice of stopping hemorrhages by applying a red hot iron or the pouring of boiling pitch or oil has been superseded by the tying of bloodvessels. If pain could be prevented as thoroughly as hemorrhage has been by modern surgery, the abatement of these two would greatly mitigate another evil, namely, shock, and we would then have remaining but one great enemy in the practice of surgery—inflammation."

We have referred to the descriptions of old-time practice but not to the fascinating story in which the professional matters are introduced. The plot is a live one and the story is intensely interesting. Dr. Kelley shows a thorough knowledge of the people and their habits and of medical practice of 1800. This book could only be written after

much painstaking research. As a medical literary man we have long known Dr. Kelley as an able writer but we believe this is his first appearance as a novelist. This book shows that he should use his literary talent in producing other works of fiction not only for the profession but for the general public. This book is a charming blending of fiction, history and medical matters so written as to interest and instruct all physicians.

The book is elegantly bound in brown silk, with gilt top and has a beautiful clear type and a large page. It is illustrated with four full page plate illustrations by E. P. Schulz.

MODERN OPHTHALMOLOGY. A Practical Treatise on the Anatomy, Physiology, and Diseases of the Eye.—By James Moores Ball, M. D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 Illustrations in the Text and Numerous Figures on 21 Colored Plates, nearly all Original. 820 Pages, Extra Large Royal Octavo. Price, Extra Cloth, $7.00, net; Half-morocco, $8.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is the most comprehensive and valuable work, in one volume, which has been published for a long time. The author's idea was to produce a work which would be of value alike to medical student, general practitioner and specialist, and he has admirably succeeded.

The first part of the book gives the embryology, anatomy and physiology of the eye, which is made very clear by concise text and excellent illustrations and colored plates. Then the examination of the eye is taken up and thoroughly presented as is a necessity in ophthalmology. In considering the diseases several things are especially noticeable, one is the plain description of the disease and its symptoms so that the work is a most valuable aid in diagnosis, another is the fairness and completeness of the presentation of treatment. Naturally the method of treatment, especially surgical, which an ophthalmologist has used oftenest and with success is the one he is apt to consider best. While Dr. Ball has given in his book the results of his large experience yet he has not neglected the reports of others. The work shows much careful consideration and research and that the author's intention has been to present the best of everything on the subject. As Dr. Ball was unable to complete the work within the time desired by the publishers he called to his aid several well-known ophthalmologists who have contributed chapters desired. These chapters are: "Anomalies of the Muscular Apparatus," by Dr. Wm. Zentmayer; "Ocular Symptoms of Nervous Diseases," by Dr. Jay C. Knipe; "Diseases of the Orbit," by Dr. Wm. T. Shoemaker; "Errors of Refraction," by Dr. John T. Krall; "Hygiene of the Eyes," by Dr. H. G. Goldberg, all of Philadelphia; "Methods Employed in the Microscopical Examination of the Eye," by Dr. W. E. Fischer, of St. Louis.

The general practitioner will find several chapters especially valuable, notably the one on iritis and the one on sympathetic eye troubles. The latter subject is frequently very unsatisfactorily given in many books but Dr. Ball presents the subject so thoroughly and clearly that the practitioner should make no errors.

The illustrations are an important feature in a work on ophthalmology and this part of this book is splendid. There are 417 illustrations in the text, nearly all drawn especially for the book, by Dr. R. W. Mills and Dr. Carl

Fisch, of St. Louis. The 21 colored plates are chiefly the work of Miss Margaretta Washington, of Philadelphia; many of these colored plates contain a number of figures. The illustrations in this book are in themselves worth the price of the volume. The presswork of the volume is of the very best. The index is very complete, which adds to the book.

This book is exhaustive and thoroughly up to date in every respect. Every practitioner desiring a modern work on ophthalmology should buy the book.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines as Well as the Allied and Resultant Conditions with Modern Methods of Diagnosis and Treatment.—By Boardman Reed, M. D., Philadelphia, Pa., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital. Pages, 1024. Cloth. Illustrated. Price, $5.00, net. E. B. Treat & Co., 241-243 West 23rd Street, New York.

Methods of diagnosing and treating diseases of the gastrointestinal tract have changed so within the last few years that the practitioner who graduated several years ago feels the need of a book such as this giving the latest and best on the subject.

This volume embraces a full account of the simplest and least disturbing methods of determining the character of the motor secretory and excretory work of the principal organs having a part in the processes of digestion and metabolism, by examinations of the stomach contents, feces, blood, urine, etc.; together with a full exposition of the subject of diet and therapeutics of the digestive disorders in general, including indications for the various forms of electricity, X-rays, massage, vibratory stimulation, hydrotherapy, gymnastics, liquid medication, medical and surgical treatment, etc., in addition to "The Gastrointestinal Clinic" in which the diagnosis and treatment of all the known diseases of the tract are separately considered.

The exhaustive discussion of appendicitis will especially appeal to the general practitioner as the non-operative as well as surgical treatment is given. This is true also of the presentation of a number of other disease conditions which are treated of in a surgical manner only in some works. The chapter on the treatment of constipation contains new and helpful suggestions.

The section on diseases of the rectum and anus is contributed by Dr. Colier Martin, whose writing has authority of much experience.

Dr. Reed's large experience as a teacher and practitioner makes him especially adapted to prepare such a work as this which will be welcomed by the profession.

The work is finely printed and bound, has a good index and is illustrated with 150 cuts and half-tones.

The Man Who Pleases and the Woman Who Charms. By John A. Cone. Pages, 131. Cloth. Price 75c. Hinds, Noble and Eldredge, 31-35 West 15th St., New York.

A glance at the title of this book suggests a work on etiquette and the medical man is not apt to think the book especially desirable for his library. But the fact is the title does not begin to tell what the book is. The

title of the first chapter is "The Man Who Pleases," and in it the author discusses some of the personal elements most conducive to influence over others as, ability to converse well, personal neatness, taste in dress, tact, good morals, intellectual force, physical beauty, culture and refinement. Among other things Mr. Cone writes at some length on the faculty of some great men, notably Jas. G. Blaine and Thos. B. Reed, of remembering faces. These men picked out some feature or peculiarity by which that individual could be distinguished from the rest of mankind, and associated the name with the person. The suggestions in this chapter can be acted on with profit by all physicians. We have all seen physicians of meagre education have large practices and others of great skill and high education have small practices simply because one class studied how to please and the other had a displeasing manner. Every young physician and many old ones can find food for thought in this chapter. Some of the other chapters are: The Art of Conversation, Good English, Tact in Conversation, The Compliment of Attention, The Voice, Good Manners, Dress, Personal Peculiarities. The last chapter is a collection of suggestive quotations from the world's great writers.

The Practical Medicine Series of Year Books. Comprising Ten Volumes, on the Year's Progress in Medicine and Surgery, Issued Monthly Under the General Editorial Charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. VIII. Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, Forensic Medicine. Pages, 344. Cloth. Price, $1.00. Price of the Ten Volumes, $5.50 in advance. The Year Book Publishers, 40 Dearborn St., Chicago.

The section on Materia Medica and Therapeutics is by George F. Butler, Ph. G., M. D., with the collaboration of George S. Browning, B. S., M. D. Working abstracts of articles on the new therapeutic agents of the year are given. Dr. Butler finds the most literature on physical therapeutics, especially the X-ray and radium, but he thinks that more attention is given to those subjects than is warranted and that these agents will soon be given their true place in therapeutics.

The section on Preventive Medicine is by Henry B. Favill, A. B., M. D., who makes a plea for the better instruction of the public in hygiene.

The section in Climatology is well presented by Norman Bridge, A. M., M. D.

The section on Suggestive Therapeutics gives some interesting abstracts by D. R. Brown, M. D.

Forensic Medicine by H. N. Moyer, M. D., summarizes the year's literature on the subject.

Intra-Uterine Medication, for the Treatment of the Various Forms of Uterine Diseases, Presenting a Course Which in the Author's Experience of Nearly Thirty Years, Has Proven Successful Beyond that Obtained For Any Other Method. By Chas. Woodward, M. D., Chicago, Ill. Pages, 210. Cloth. Price, $2.50. Woodward Publishing Co., 762 Warren Ave., Chicago.

The modest claim of the title of the book is maintained throughout the treatise, giving a decidedly original and comprehensive method of gynecological practice. It is liberally supplied with formularly for douches and

local applications in which the author expresses unbounded faith, founded on many years of personal experience and observations. It may serve as a reminder that there are still extant practitioners who earnestly advocate topical applications for the cure of conditions which are generally considered the domain of surgery. The author's ideas and methods are out of harmony with those held by the majority of medical men and taught by the best teachers of the present day. Its usefulness might be enhanced, if it were furnished a table of contents and a sufficiently comprehensive index.

An Appeal to Common Sense: The Folly of Meat-Eating. By Otto Carque, Author of "The Foundation of All Reform." Price, Postpaid U. S. and Canada, 10c. Kosmos Publishing Co., 765 N. Clark St., Chicago, Ill.

This is another little work, a short, controversial pamphlet, decidedly out of harmony with prevailing notions. The title fully explains its object and scope, a plea for the abandonment of animal in favor of vegetable food. The author is an extremist, a member of the great army of cranks, who have supplied so much of the leaven of human progress, terribly in earnest, as these missionaries always are, full to overflowing with special knowledge. The case he makes out is unquestionably a strong one. There is force in many of his contentions and sayings, as: "What we need is not tuberculine, vaccine, anti-toxine, poisonous drugs, stimulants and narcotics, but natural and wholesome food, pure water, fresh air and sunshine which alone can give us health, strength, vitality and supreme power of resistance!" Who can take issue with this? "The drink evil is to a great extent the outcome of our perverted dietetic and hygienic habits. People do not need so much prohibitive laws as instruction in the right way of living. Of what avail are all the lectures, books, pictures, editorials, against alcohol, as long as people continue their irrational modes of eating which constantly create a desire for stimulants and narcotics?" He asserts that the average man can get fairly well along with about one ounce of protein daily and that, "to get the full value of flesh-foods we had to put ourselves on the same degree with the beasts of prey and devour the whole living animal with tendons, bones, bowels, and blood." The food problem is really at the bottom of all civilization and progress and one ought to become familiar with all its phases.

BOOK NOTES.

The Metropolitan Magazine for November is a special election number and contains two articles on the presidential candidates. One is on Parker by W. Bourke Cochran and the other on Roosevelt by Alfred Henry Lewis. In this issue of the magazine two new departments appear for the first time. In one ,under the title of "People of the Hour," are given brief sketches of men and women of interest. In the other, "The Month's Attractions on the Stage," twenty pages are devoted to striking photographs of theatrical folk, accompanied by bright comment on the season's productions. Two other articles of more than ordinary interest are James Huneker's "Fighting Fat at Marienbad," which is illustrated with photographs taken at the famous continental watering place, and Charles E. Trevathan's account of "Thoroughbreds and Their Battles," in which is told the dramatic story of the turf season just closed. There are one hundred and twenty-five illustrations in

this number, including three pages in full color.

The Rose Jar is the name of a new magazine the initial number of which has just been published. It is a magazine for book lovers and is sure to be a success as there are enough book lovers in this country to support such a periodical. We can refer to but a little of the contents but they will give an idea of the character of the magazine. Some of the articles are: "Suppressed and Censured Books," "Youth in Age," "Petrarch and Laura," "The Great Book Collectors," "A Few Facts About the British Museum," "The Literature of Curious Trials," "Lesage and the Picaresque Romance," "John Wesley's English Dictionary," "Queen Elizabeth's New Testament," "Sir Walter Scott," "The Romance of Some Celebrated Songs," "The American Book Agent." This number contains 128 pages which are 10x13 inches in size. The magazine is beautifully printed on a nice paper. It is sold only by annual subscription and the price is $2.00 per year. This charming literary production is edited and published by W. E. Price, 24-26 East 21st St., New York.

The instalment of "Frenzied Finance" in the November number of Everybody's Magazine offers what is probably the best account of a financial war ever printed. Mr. Lawson is now well into the main course of his narrative which leads by way of the Boston gas fights to Amalgamated Copper. Addicks has persuaded him to take charge of his—Addicks's—contest with Henry H. Rogers and "Standard Oil," and for pure love of combat the Boston financier, with all his forces, has come to the rescure of the Delaware buccaneer. It is an exciting passage in which he tells of the attacks and retreats, the toils and stratagems of this campaign, and for interest and thrill it holds its own with the real fighting in "The Three Musketeers." Finally, Lawson and Rogers come together and the dialogue between them as they proceed to adjust their differences, is one of the most striking chapters in the story. The drama of the Standard Oil magnate tempting Lawson away from Addicks, and offering him millions to join the "Standard Oil" band, and the Boston financier refusing, is described in language at once direct, forcible, and picturesque, and once more forces home to the reader's mind the fact that truth is indeed stranger than fiction.

Readers throughout the United States and Canada are on the qui-vive of expectancy at the announcement of a new novelette by Charles G. D. Roberts. This is published entire in the November number of Lippincott's Magazine. A bit of inside history concerning this "find" is that it was first submitted in short-story form to the editor of Lippincott's Magazine. He at once saw in it splendid possibilities as a novel and suggested its expansion to Mr. Roberts. Hence, "The Prisoner of Mademoiselle de Biencourt" makes it bow to the public in a size befitting its greatness. An especially importaint paper, on "Mr. Gladstone's Friendship with Lord Acton," is written by the Hon. Maud Lyttelton. All the interesting new matter which it contains has been endorsed by "The Grand Old Man's" daughter, Mrs. Mary Gladstone Drew. "Legends and Pageants of Venice," by William Roscoe Thayer, gives just the sort of readable information about this fascinating city that people want, whether they have seen it or whether they have not. Churchill Williams writes a couple of pages of intersting criticisms of Mrs.

E. M. Voynich and her unique work, notably "The Gadfly" and "Olive Latham."

For $2.65 we send Lippincott's Magazine and The Recorder one year and 1,000 premium labels.

"The World's Fair as a Progress-promoter," November Success, by Walter Wellman, gives the reader in a very short space a splendid idea of what the St. Louis Exposition means to the advancement of civilization and industrial progress. Mr. Wellman has gone through the various industrial exhibits with rare discrimination, and he has come to the conclusion that the fair proves that the inventions and discoveries which are doing most to change the world are radium, the submarine boat, wireless telegraphy, the aeroplane, the automobile, and the gas producer—a small machine to replace coal for manufacturing uses. He also says that from careful observation the Japanese exhibit is by far the best, and distinctly shows that Japan has become a world factor. E. N. Sweet, Jr., contributes an interesting article on the manufacturing of currency at Washington, showing that it is absolutely necessary for the government to make two million dollars in bills every day to replace those which are actually worn out by the public. Vance Thompson contributes the sixth of his startling "Diplomatic Mysteries." In this issue he deals with the fight between France and the Vatican, and gives minutely the reasons for the attempt that is being made to dissolve the celebrated Concordat which Napoleon established to bind church and state.

We have a special club combination of Success, Cosmopolitan and The Recorded; for $2.20 we send the three magazines one year and 1000 premium labels.

Stewart Edward White begins a new serial in November McClure's, "The Rawhide," like his other stories, full of the free air of the wilderness, poignant with its color and immensity. He has chosen for his present setting the wonderful desert of Arizona, and out of the long monotony of the simple lives of its people he evolves dramatic possibilities which promise a great story. His description of the desert, its meaning and its influence, in this first instalment shows him the master artist here, as in the forest and the mountains. It is illustrated by Maxfield Parrish. Vivid pen pictures of the two leading candidates for president are presented—Parker by ex-President Cleveland, Roosevelt by Senator Lodge; the first by the man whose own experience best qualifies him to speak with authority on the presidency, the second a most interesting and searching glimpse of the real Roosevelt through the eyes of his long-time friend and political adviser. More new light, a sensational revelation, in fact, is shed by Ray Stannard Baker's researches into the records of the two candidates on the labor question. A stereoscopic picture of that most vital of school problems, "The Parent," is given by M. H. Carter out of a long, personal trial at its solution. It is most humorous as well as instructive reading. A. W. Rolker contributes a very readable article, the biography of a New York fire-horse, "The Black Roan of 265," full of hazardous and adventurous spirit of the fire-fighters, with graphic descriptions of dramatic incidents in their lives. "Out of the Jaws of Death" is the narrative of the marvelous escape of two Union soldiers from a band of guerrillas during the Civil War, by W. H. Sheak.

One thousand prescription labels free with paid-in-advance subscriptions

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

A GIGANTIC FRAUD.

The arrest of Howard E. Wooten of 152 West Eighty-fourth street and Charles B. Cooper of 149 East Fifteenth street, will, the police believe, put a stop to the extensive operations of a gang of medicine counterfeiters who in the past decade have disposed of more than $500,000 worth of bogus drugs.

These medicines were sold under false labels to druggists all over the country. In this city and vicinity, alone, agents of the firms making phenacetine, sulphonal and similar products have made purchases of fake drugs in no less than 1,500 drug stores. In addition to these the police have a list of hundreds of druggists in other cities who bought counterfeit articles from Wooten and Cooper.

The arrest of Wooten and Cooper was caused by George B. Hayes, attorney for a large drug manufacturing house in Elberfeld, Germany. He had been working on the case for six months.

The detective bureau at police headquarters looked like a wholesale drug store yesterday. The rooms were piled high with thousands of packages taken from the flats of Wooten and Cooper and from the store of Weiss. Mr. Hayes and his assistants were busy all day making an inventory of the stuff. Its value, Mr. Hayes said, was at least $10,000.

The German firm which Mr. Hayes represents has been trying for nine years to round up the gang that was counterfeiting their ware, and is said to have spent $100,000 in the attempt. Their first move was made several years ago against the German Chemical Company of 11 Broadway, which was run by Alfred R. Goslin, William G. James and Wooten. An injunction was secured against the concern forbidding it to handle substitutes for the patented articles. Wooten was arrested in 1899 in the office of this company for smuggling phenacetine and other coal tar drugs. The place was also raided by Anthony Comstock.—New York Sun, Oct. 10.

A CORRECTOR OF IODISM.

Dr. W. H. Morse reports (Southern Clinic for May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results he says: "Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom for this symptom bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders wher nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the naseau and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

Panopepton is an ideal food for sick people. You can get a sample of Fairchilds Bros. and Foster, New York City.

REAPING PTOMAINES.

A great many people seem to think that it matters little what kind of material goes into the building of the human structure!

They feed on thorns and expect to pick roses!

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substance. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symtoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

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LEADING ORIGINAL ARTICLES.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 415 Nov. Recorder.)

HERNIA.

The reduction of a hernia is sometimes a simple matter. The hernial contents may slip into the abdominal cavity as soon as the patient assumes a recumbent posture, particularly if it be simply a bubonocele, that is, a hernia which has not yet made its way into the scrotum. The patient may find it necessary to manipulate the parts somewhat before they thus slip into the abdomen and may habitually do this upon lying down, so that he may become quite expert in reducing his hernia, particularly, if it be a hernia which is not readily reduced. In this respect the patient may even excel the physician, as an instance in my own hands will illustrate. While practicing in the South, I was called to see an old darky, who had suffered from a large scrotal hernia for years. This had become strangulated while he was walking along a country road. The old fellow had promptly laid down upon the roadside and attempted to reduce the hernia but had failed. He was carried to the house, and I was called. I placed him in a position, and made an effort to reduce the hernia. This effort failed, so I ordered cold applications, and had him placed in a Trendelenberg posture. The old fellow looked with disfavor upon the delay, as he was suffering considerable pain. Finally I removed the applications, and made another attempt to reduce the hernia. My manipulations without anesthesia were to say the least painful and the old fellow's objections finally became so lusty and forcible, that I desisted momentarily. The patient in high dudgeon at once began to manipulate the troublesome tumor and with many grimaces and contortions slipped the tumor into the abdomen.

The pain, which manifests itself when strangulation of a hernia occurs, would lead the inexperienced to believe that it is always apparent at once that a patient is suffering from strangulated hernia, when one is called to see such a case. But such a supposition is erroneous. More than once I have reduced a strangulated hernia, where the patient and those about him had not the least suspicion that the patient suf-

fered from such a condition. The pain is so intense that it is referred to the entire abdomen and the patient makes no move which would direct the attention to any of the hernial orifices. Some weeks ago I was called in consultation to see a supposed case of acute appendicitis and diagnosed and reduced a strangulated inguinal hernia.

The development of strangulation is a dangerous and unfortunate accident. The reduction, while simple in some cases, cannot be safely accomplished in others. After strangulation occurs it is inopportune to insist upon immediate operation without some attempt at reduction, and it has been my individual experience to find patients much more reluctant to submit to a radical operation after strangulation once occurred than before such accident. The patient, who has looked upon his hernia, as merely an indication of weakness and an annoyance, comes to fear the condition, and hesitates more than previously to submit to a radical operation.

Whenever a physician is called to see a patient with severe abdominal pain of sudden or gradual onset, all the hernial orifices should be carefully and thoroughly examined to see that no hernia exists, and any hernia present should be reduced, if possible. It may be that a hernia will be found in conjunction with some other abdominal disorder, the hernia being irreducible but not strangulated.

Where strangulation is diagnosed and simple manipulations of the hernia with the patient in the recumbent posture is not sufficient to secure reduction, the operator must then avail himself in turn of other means of assisting reduction, unless he decide that a radical operation be practiced at once.

The patient may be placed with elevated pelvis and head low, and cold applications may be made to the site of the trouble. If the patient is much disturbed, and if he is bearing the pain badly a small dose of morphia may be given. Where pain is severe what would be a fairly good dose of morphia will have only the effects of a small dose, so that, if it is apparent that the patient is really suffering greatly, one-fourth of a grain will merely quiet, as a rule, and not produce sufficient ease to allow of sleeping. One may now prepare for operation in the event of failure, while the patient is thus resting in the Trendelenberg posture with the iced applications about the tumor.

The preparation for a hernia operation are the same as for any intraperitoneal operation, and they have been described in previous papers.

The patient having been given a few moments to a half hour's rest in the position mentioned, an attempt may be made to reduce the hernia by manipulations described under the illustrations. Having prepared for operation one may feel that it is futile to attempt to reduce the hernia by simple manipulations and advantage may be taken of anesthesia.

In a few cases a hernia may be readily reduced under anesthesia, when it is impossible to reduce it without the relaxation so obtained, but I can but warn one to be exceedingly cautious as to the manner of their efforts at reduction when the patient is unconscious. Further, the longer the strangulation has existed the greater care must be taken in the manipulations, when the patient is under the anesthetic, as damage of the parts may occur which will result in gangrene and sloughing of the reduced intestines, an accident necessarily fatal.

It is with the greatest hesitancy that many men operate, and it should be only as a last resort in a few instances that some men should operate, their

FIGURE 1.

FIGURE 2.

FIGURE 1 and 2.--Illustrate the condition under consideration. This patient has an unduly large protusion at the external ring as the hernia rapidly developed as the result of undue intra-abdominal tension from abdominal dropsy. About three weeks after the first appearance of the protusion in the neighborhood of the internal abdominal ring strangulation occurred. This I reduced without much difficulty after raising the pelvis and then introducing the small finger of one hand into the inguinal canal and at the same time making pressure with the free hand over the protusion externally. The first efforts made externally with both hands were unsuccessful. In this case the external ring had not as yet been dilated by the passage of the hernia so that it barely admitted the small finger.

FIGURE 3.

FIGURE 3—Shows the first step in reducing the large scrotal hernia. When the patient is in the recumbent posture the scrotal tumor drops towards the nates. It should be elevated with one hand while the other grasps the neck of the tumor. The scrotal mass is drawn about so as to cause all curvatures possible in the hernial canal to be overcome. By pressure and manipulation the hernial contents are then to be gradually caused to slip into the abdomen.

FIGURE 4

FIGURE 4.—In some cases the contents of the hernial sac slide rapidly into the abdomen as soon as the sac has been elevated so as to secure the aid of gravity. Figure 4 illustrates the preceeding case, the contents of the sac have been partly reduced so that the right hand of the operator which in the preceeding figure was filled with the scrotal contents is now quite empty. The contents of the hernia are returning only under the continued pressure and manipulrtion of the hands.

FIGURE 5.

FIGURE 5—The hernia has not been pressed out of the scrotum and the manner of procedure used in carrying the finger into the inguinal canal is illustrated. To allow the free passage of the finger into the inguinal canal it is necessary to invaginate the scrotum as is illustrated in Figure 5.

FIGURE 6.

FIGURE 6.—The index finger has been removed from the inguinal canal and pressure and manipulations over the site of the internal ring are made. The tissues can usually be felt to give somewhat as the last vestige of the hernial contents slip into the abdomen. To insure this or in the concluding steps the small finger may be passed into the inguinal canal as is seen in figure 7.

FIGURE 7.

FIGURE 7.—The small finger has been passed into the inguinal canal. The scrotum has been pushed before the finger into the canal. In this case the index finger of the operator finds easy passage along the inguinal tract, but in some children or where the hernia has not dilated the external ring it may be necessary to use the small finger.

training, temperment, surroundings and equipment making an attempt at performing the radical operation, an operation fraught with considerable danger to the patient, but there is an operation which they can perform even with but few instruments, and crude preparations, and that is the form of operation, commonly practiced before the present method of radical operation was developed. In reading the history of surgeons, one will find that the surgeon was frequently called upon to operate upon the strangulated hernia. His operation was merely to permit reduction. The present day surgeon, or physician when brought face to face with such a condition as a strangulated hernia, where conditions are very unfavorable for an extended operation and particularly if the surgeon is unacquainted with the hernia operation from a practical standpoint, he is justified in laying open the tissues with a view of merely gaining access to and overcoming the strictured neck of the hernia. As soon as the hernia is reduced the operator may close his superficial parts and put his patient to bed. Should there be a gangrenous condition of the intestines and the operator has cut down upon them, the formation of an artificial anus at this point will give the patient a better chance of recovery than any attempt at resection in the hands of a comparatively unskilled operator.

(To be continued.)

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Drosera rotundifolia is of value in all dry coughs. When given in combination wiht chestnut leaves it is said to be specific in whooping cough.

J. A. Burnett, M. D.
Pauline, Arkansas.

PATHOLOGIC PHYSIOLOGY.

THE PATHOLOGY OF FUNCTION

By Byron Robinson, Chicago.

For a decade I have been advocating and attempting to teach students by making prominent pathologic physiology, the disordered function. It seems to me this method impresses the subject on the reasoning faculties of a student more indelibly than any other method, e. g., more than the method of pathologic anatomy. When a student observes a function disturbed—pathologic physiology—he is thoroughly

Byron Robinson

impressed with the event. He realizes that disaster is on foot for the patient, and he becomes fully aroused to securing agents to correct it. Pathologic physiology may be general or local as tuberculosis, anemia or obesity may arrest menstruation while local defects in the tractus genitalis may also induce amenorrhea. For example suppose a gynecologic patient is placed before a student to elicit clinical data. He begins with the first practical function of the tractus genitalis and asks when she began or how old she was when she began to menstruate. The answer may be at eleven years (precocious), at 14 (negative or normal) or at 19 (retarded). Now the girl who begins to menstruate at 11 years of age

is afflicted with menstratio precox. Her tractus genitalis is prematurely developed. It is a form of pathologic physiology. In general it is excessive vascularity or development of genital tract, for, the patient who begins to menstruate early has a late menopause. Precocious pubertas prognoses retarded menopause. Also the flow of the patient afflicted with menstratio precox is generally profuse and continuing five to six days. It is a kind of excessive or precocious pathologic physiology, an excessive blood supply—an exaggeration of function and a student understands this phenomenon more easily than instructions in pathologic anatomy. Again the patient who begins to menstruate at 19 yeas of age is plainly afflicted with menstratio retarda. Her function is late in appearance. This arouses the investigating mind to inquire what retarded physiology of the tractus genitalis. Besides, is it nondevelopment or arrest of development from inflammation? Also the patient afflicted with menstratio retarda generally has an early menopause. The rule with such a patient is scanty flow and not infrequently dismenorrhea. Such a patient is afflicted with a certain degree of pathologic physiology, disturbed function. She may not be sterile but the function of the tractus genitalis is pathologic.

For example the tractus genitalis experiences considerable irregularity in the menstrual process. It may not be monthly. The pathologic physiology, diseased function, in irregularity is evident but the pathologic anatomy is not understood nor could it be demonstrated. We know that certain diseases as tuberculosis, obesity, chlorosis influence the menstruation as well as climatic environments with pathologic physiology but no evident pathologic anatomy.

Consider the quantity of menstrual flow. How changeable. The flow may continue one day or eight. The amount of flow may be so excessive as to undermine health with no manifest pathologic anatomy but pathologic physiology is amply evident and sufficiently suggestive to restore health by simple means which may be made apparent to the student through pathologic physiology but not through pathologic anatomy.

The patient is finally asked is the menstruation painful? Here pathologic physiology is most useful for instruction while pathologic anatomy is but relatively useful. The student readily understands that menstruation should not be painful. No pathologic anatomy may be detected but pathologic physiology is manifest. Here the student may be taught useful lessons of anatomic and physiologic rest. For, frequently dysmenorrheic patients by increased anatomic and physiologic activitiy during menstruation having increased dysmenorrheal pain but by anatomic and physiologic rest during menstruation dysmenorrheal pain is much ameliorated. A watch that is not clean may have no disordered structure—no pathologic anatomy but it is afflicted with pathologic physiology. Similarly no pathologic anatomy may be discovered in the tractus genitalis of the dysmenorrheic but pathologic physiology is rampant. The watch can be successfully cleaned and the pathologic physiology of the genital tract favorably treated. The best method to teach gynecology is first to emphasize the pathologic physiology, the disordered function of the tractus genitalis and second to allow the pathologic anatomy to grow itself like Topsy.

It is thought by many that the four most useful remedies of the liver are calomel, podophyllin, nitro-muriatic acid and ammonia chloride.

J. A. Burnett, M. D.
Pauline, Arkansas.

THE FEMALE BREAST.

BRIEF NOTES ON ITS MORPHOLOGY, WITH SPECIAL REFERENCE TO THE LYMPH STRUCTURES.

By Thomas H. Manley, Ph. D., M. D., New York.

Professor of Surgery, New York School of Clinical Medicine; Visiting Surgeon to Harlem Hospital; Visiting Surgeon to Metropolitan Hospital, Etc.

The surgeon about to deal with a pathological condition of the female breast should always remember, that the most salutary course to pursue, is one which will not involve needlessly the sacrifice of healthy tissue, thus inducing a deformity and impairing if not destroying the function of an organ which constitutes an essential integral portion of the sexual system, even long after the menopause.

Anatomy teaches us, that there is no warrant for annihilating an entire mamma, when but one or more of its isolated secreting lobes, is involved. It would be just as rational to clear away a whole dental arch, if but one tooth alone were the seat of decay.

The secreting apparatus of the breast being made up of modified sebaceous glands with a large canal, and tributaries from the acini, any one of these glands in the mamma, may alone, be the seat of pathological changes, as its prototype in the integument and should be treated on similar lines.

Physiology as well as clinical experience demonstrates that the secretion for the new-born is but one of the functions of the mamma, and that the breast probably supplies a ferment or chemical element essential to the full integrity of the sexual system, moreover, that through the sympathetic system of nerves, there is here an intimate relation maintained, between it and the cerebro-spinal and psychical centers. No woman ever possesses her former energy, her mental buoyancy and intellectual vigor, who has suffered the sacrifice of both breasts; and in every instance, this is more or less obvious when but one has been completely removed. Just what the positive effects of ablation be on the functions of procreation, are not yet definitely determined, because, but very few breasts are removed before the menopause; for rarely indeed does malignant epithelial proliferation, and sclerosis of the fibrous elements set in, until the lacteal function of the organ has ended.

It has been noted, that with a free swing of the arm from the shoulder the mamma moves, by virtue of the long broad bridle of tough tissue, which extends from its outer aspect, into the hollow of the shoulder, here to blend with the large nerve and blood-trunks; more notably with the axillary vein and its large tributaries to the thoracic walls.

In this tissue are lodged, both superficially and deeply, numerous lymph nodes; the deep set lying close to the capsule of the shoulder joint and quite invariably intimately adherent to the sheath of the axillary vein, and commonly to the artery as well.

In all pathological affections of the breast these nodes are intumescent, from "sympathetic irritation" according to the old authors, by "propagated infection" according to the moderns.

Sir James Paget noted, that, as a rule whatever the character of the mammary lesion the deeper set of ganglia were very seldom involved. Now whatever may be the function of these congeries of embryonic tissue, we must concede from clinical observations, that they are in some unknown manner, concerned in the nutritive processes of the parts wherein they are lodged.

Their total, and sometimes, only

their partial ablation involves a most distressing condition of elephantiasis of the whole upper extremity, or what may become a very troublesome sequela of shoulder action.

The early tumefaction of these bodies in the greater number of instances is without doubt dependent on inflammatory changes propagated from parts, the seat of disease on the periphery or in distant structures, rather than from malignant hyperplasia, for the reason that when, the pathological mutations at the primary point of disease have been overcome, the induration and increase in volume of these ganglia diminish or may entirely disappear.

ENUCLEATION OF THE AXILLARY LYMPHATICS.

Appreciating the importance of not unnecessarily removing tissues essential to normal physiological processes in nutrition, we will do well not to employ drastic methods in treating pathological conditions of the lymphnodes not the seat of degenerative changes.

In no description of non-malignant affections of the mamma is their excision ever a warrantedable procedure; in this category may be included tuberculosis.

The utility of "clearing out the axilla" in every type of malignant disease of the breast may yet be questioned.

About the only feature which at all justifies it, is it's novelty; when this wears off we will find, as in a great number of modern radical surgical procedures, our patient's ultimate future will be rendered more secure by less sanguinous and more efficacious methods.

The theory that the advance of malignancy is checked, or completely arrested by the sweeping dissection, now often practiced in mammary disease is without unequivocal support, while no one can deny that it increases mortality and only too often, a crippled painful arm with a denuded chest-wall.

If the theory which underlies this operation of total ablation of the axillary lymphatics rested on sound premises, then why not in all cases of tubercular abscess in the axilla, a common condition in strumous young women, widely open up and clear away the clusters of more or less tumefied caseating nodes in the midst of which, the one now suppurating, rests?

Pathology must clearly answer this question, before we can accept the logic of our course, of enucleating in one affection which tends to generalize, while in another with a similar tendency it is not availed of.

Here included is a brief sketch on the parts and purposes of

THE LYMPH VESSELS AND GANGLIA.

Of late years very much has been written about the lymph system in its relation to the numerous pathological conditions, benign and malignant, encountered in the mamma but why more here than in any other organ, is by no means clear; certainly not because our knowledge of the functions of the lymph system has undergone any special expansion of late years; nor has it been explained how a system supposed to be essentially concerned in tissue metabolism and in the absorption of the residual elements of secretion, can by any stretch of the imagination, be regarded as specially active in a functionless organ, which the breast really is, almost invariably when the seat of neoplastic changes. The theory is entirely untenable.

Now, before we attempt to define the role of "lymphatics" of the breast, it will be well to have an understanding of their constituent elements, first.

We are informed that this system consists of "glands and ducts" here are not included the chyliferous vessels, as they should always be considered as

wholly independent of the peripheral. The gland has a capsule, "The vessels have an endothelial investment." The gland is said to have a cortical and a medullary division, its parenchyma being made up of lymphoid or embryonal elements.

Now, in all my dissections on the cadaver I have never been able to isolate a lymph vessel, nor could I distinctly see one in a hardened microscope section of any tissue whatever.

On the human subject, we certainly can find no such description, or histological arrangement as is set forth in many works for we can neither isolate nor expose these for inspection; nor other than blood-vessels, passing either into or out of the ganglia; but we may microscopically, frequently discover areas of epithelia in the parenchyma of the superficial group in the axilla.

What office the axillary ganglia perform in the economy is yet unknown, though no doubt as ductless structures they probably elaborate certain ferments or elements concerned in the nutrition of the body.

In this connection a few brief extracts from various recognized authorities may not be amiss.

Flint confesses that "there is much difference of opinion among anatomists concerning the intimate structure of the lymph vessels afferent and efferent; others deny that there is any connection between the vessels, and regard them as solitary glands like those of the intestines."

Zappey, thought he discovered a lymph plexus in the interior of the gland.

Kolliker, denied the existence of this plexus, but admitted the compartments or the alveoli, which he describes as closed follicles. Zappey's view that these nodes consist of only fibrous tissues and lymph vessels cannot be maintained.

Gray describes the lymph nodes as "Conglobate glands with cortical and medullary structures; the alveoli containing the proper gland tissue." According to Klein "the ground substance of all lymph glands, simple as well as compound is lymphoid or adenoid tissue, leucocytogenous-tissue-lymph-corpuscles fill the meshes of the lymphoid."

Laboulbene, views these bodies in another light and observes, that "these are of a glandular structure in which the epithelial elements preponderate, wherein the lymph undergoes a change of character, as yet unknown. In their trabeculae they arrest solid particles of mineral or vegetable."

Coplin, "The lymph glands are structurally composed of a peculiar form of cells massed." Recklinghausen, "The lymph sinuses of the glands are lined by epithelial cells of a round and polygonal form." Piersol, "The lymph nodes consist of oval masses of adenoid tissue united by a delicate connective tissue wall, wheresoever found, lymph tissue consists of connective tissue elements and lymphoid corpuscles."

Kollicker, "Lymph glands nearest approach Peyer's patches, though they do not entirely correspond with them; their parenchyma consists of fibrous tissue, pulp and blood vessels. * * * * They are not as well developed in man, as they are in the dog, rabbit, cat or rat."

The most difficult problem in their anatomy is to ascertain if there is any connection with the lymph vessel. From these glands, nodes or absorbents, we turn to the lymph vessels; but in these prosaic times, we should be able to demonstrate the existance of them, before we set out to determine their course and relations, for it is certainly unfair to make a draft on one's faith alone when we approach this subject.

Now, there is no possible manner of proving the existance of a system of vessels like injecting it; the nitrate-of-silver stain is a delusion pure and simple. We find in the writing of Malpigii the first allusion to the lymph vessels, wherein he first describes those coming to and from the lymph nodes.

We are informed that we may demonstrate the existance of these vessels.

Reeve tells us, "in exposing them we must search for them where anatomy teaches us, we should find them." But anatomy does not teach us except from a theoretical standpoint, where we can find them, because it is doubtful if any anatomist has even seen them in the living body.

Kolliker, thought he saw them in the tail of a tadpole, and in the snake's intestine; but the latter were lacteals, essentially accessories to absorption, in digestion.

Professor Austin Flint, America's most eminent living physiologist, confesses that "the only way the peripheral, lymph mesh may be injected is by passing a fine pointed cannula into the tissues where they are supposed to exist."

In 1650 Audbeck described vessels in the liver and almost every part of the body conveying colorless fluid; shortly after Bartholinus named them lymph lactics. Of the functions of the lymphatic ganglia, Professor Flint observes, "that nothing is definitely known in this direction." He denies that they are in any manner concerned in the formation of the leucocytes.

The liquid elements of the lymph, we are informed, are quite identical with those of the blood. It is highly noteworthy, that lymph, without blood admixture has never been obtained from the human body.

It may be therefore summarized, that the real functions of the so called "lymph glands," are yet unknown; certainly there is no unanimity of opinion among anatomists on their structural composition.

The peripheral lymph vessels have but a dubious existance. Creighton tells us, that no anatomist has yet been able to reproduce the arborescent display of them as depicted by Zappey, and he is inclined to the belief, that the artificial vascularization or injection of them, is probably nothing more than of the large surface capillaries.

More special consideration has been given to this class of tissues, because we hear so much of the role of the "lymph system," in the nulliparous as well as the multiparous; notably in neoplasms, of the mamma, benign and malignant. And yet when we appeal to the fundamental groundwork of anatomy and histology we find absolutely nothing to support it; nor any reason why "white blooded vessels" should be more concerned, when the mamma is the seat of disease than any other organ; indeed, in the non-functionating state of the breast, it is inconceivable how the lymph ganglia can in any measure influence pathological processes at all.

IMPORTANCE OF AN ACCURATE AND DEFINITE KNOWLEDGE OF ANATOMICAL STRUCTURES.

The human breast, notably that of the female, presents many unique features of striking interest and importance. But comparatively few practitioners have ever made a deliberate and painstaking dissection of it, or have a correct appreciation of its essential structural characters, or all its purposes in the economy.

We are at times, too prone to blindly follow authorities and take for granted, as established truth, inaccurate statements or erroneous assumptions without attempting verification on our own account.

Moreover, we will not infrequently encounter in current medical litera-

ture, clinical records of cases or description of various surgical operations, wherein it is only too obvious, that an ample knowledge of anatomy is wanting on the part of the writers; or perchance, he has taken second-hand, some anatomical designation, which is warranted only by tradition, and has no real existance in fact.

For example, Keith and Shillottoe in recent researches on some of the histological elements of the prepuce and corona-glandis failed to find any trace of "Tyson's Glands" which they say have been described by every textbook on anatomy published tince Tyson's time; to quote, from the latest edition of Quain's Anatomy they add, "numerous sebaceous glands are collected around the glands of Tyson, or glandulae-odoriferae their secretion having a peculiar odor."

Keith remarks on this, the strength of faith of the anatomists, is so great, that they have for two centuries been describing glands which never existed, and furthermore, there is no evidence that Tyson ever observed or described them himself."

Without a practical and correct knowledge of anatomy we are building on a foundation of quicksand and are liable to error at every turn. This is well accentuated when we examine critically, into the structure of even so superficial an organ as the breast.

No other organ of equal importance is studied in a more perfunctory manner; this perhaps, is because of its superficial position and the apparent simplicity of its structure and functions, and yet being more commonly the seat of inflammatory and other changes it calls for a critical study into its gross anatomy its finer structural elements and other special and characteristic features.

In no secreting bodies do we find deviations, anomalies and vagaries so frequent as the mamma. For example, we may find one or both organs remain only rudimentary throughout life; one or both may be absent as in amasia; again, they may be reduplicated, polymasia, in the male or female.

In a vigorous young female after confinement of the first child, I have seen in the practice of the late Dr. T. J. McGillicuddy of this city, an example of a pair of large, free secreting mammae in the axillae—polymasia—and again, in a man of 40, two supernumery mammae on the abdomen, in a line with the navel. These, at times, were tender and tumid, and on pressure, a whitish fluid issued through.

Fickle in function too, are the mammae, some mothers yielding no milk whatever—agalactia; other mothers may not feed their offspring, but have a surplus flow of milk which soaks the covering of the bosom,—galactorrhea. The latter condition is not uncommon, the former, it appears is rare, as Winkle found it to occur in only 2 per cent. of child-bearing women. Haterochonic secretion or a continuous flow is another remarkable freak of function here.

In N. Y. Medical Record for June 12, 1904, I reported an example of this condition in a woman who then and now has a large flow of milk from both breasts though it is more than twenty years since her last child was born.

When we note these pathological deviations and others which pertain to the physiology of the breast, we are struck by its total lack of comparison with any other of the symmetrical secreting organs.

We will note four epochs of life when the functions and structures of the breast undergo conspicuous changes. Holmes Cootes seems to have been deeply impressed with the importance of a full knowledge of structure here,

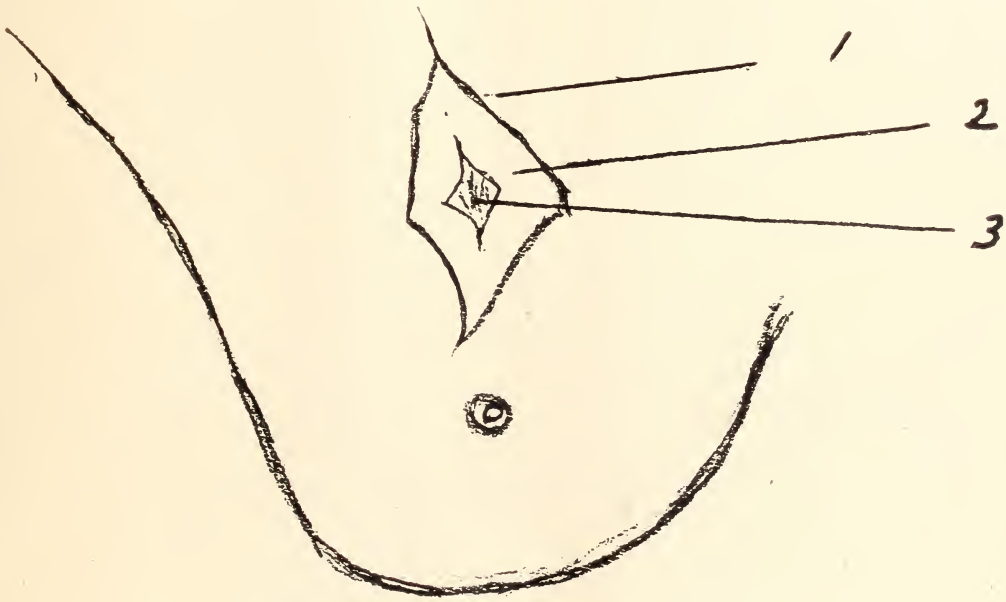

FIGURE 1.

1—Integument. 2—Fat layer. 3—Fibrous.

FIGURE 2.

Fibrous stroma with prolongations.

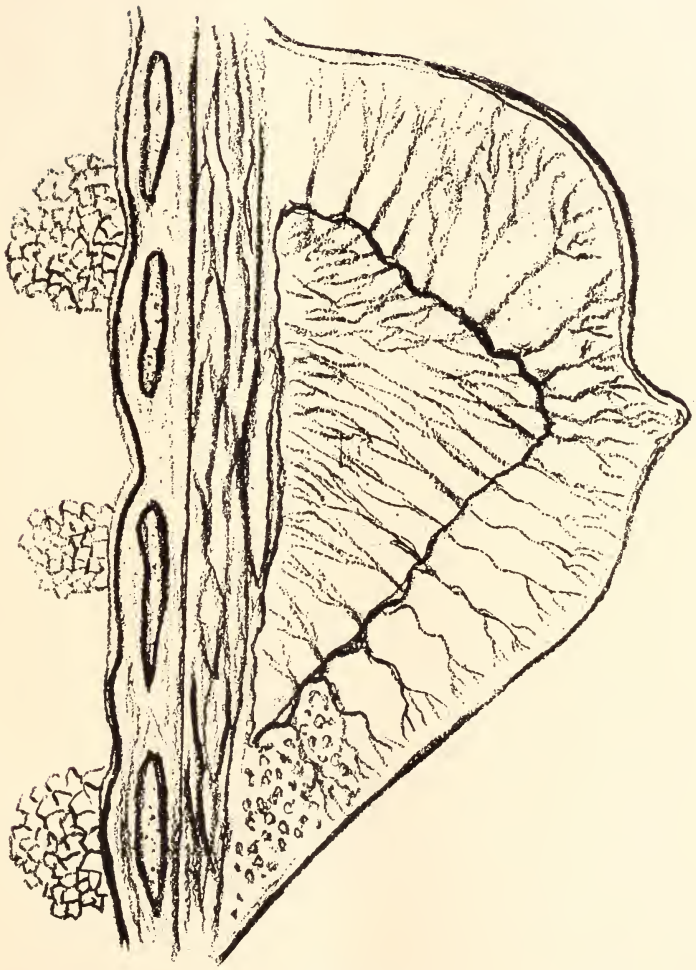

FIGURE 3.

Sagittal section through mamma.

FIGURE 4.

Cross section through base of nipple.

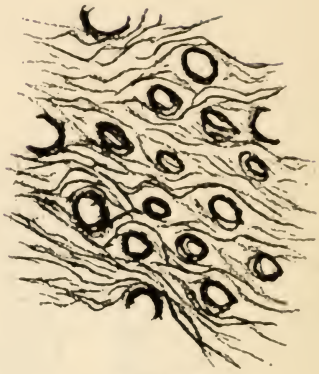

FIGURE 5.

Lactiferous canals with intersecting fibrous tissue and smooth muscle.

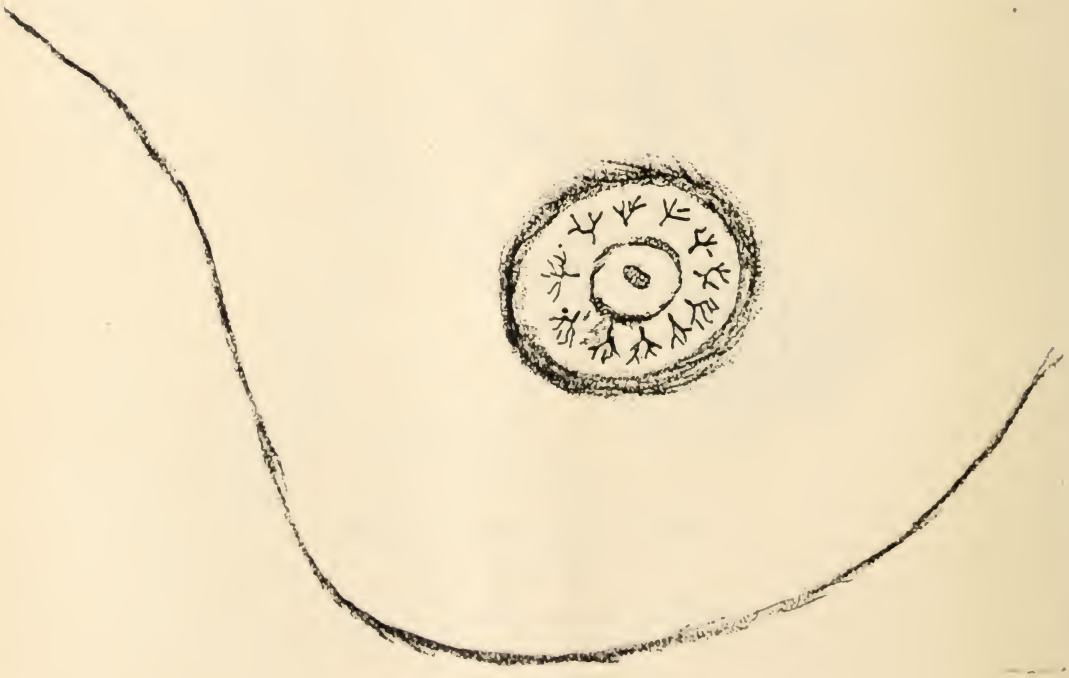

FIGURE 6.

Miniature crypts and tributaries in the areola.

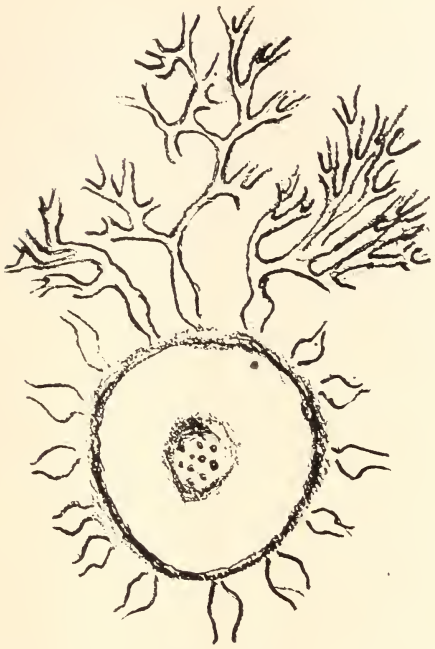

FIGURE 7.

Ampullae and lobes.

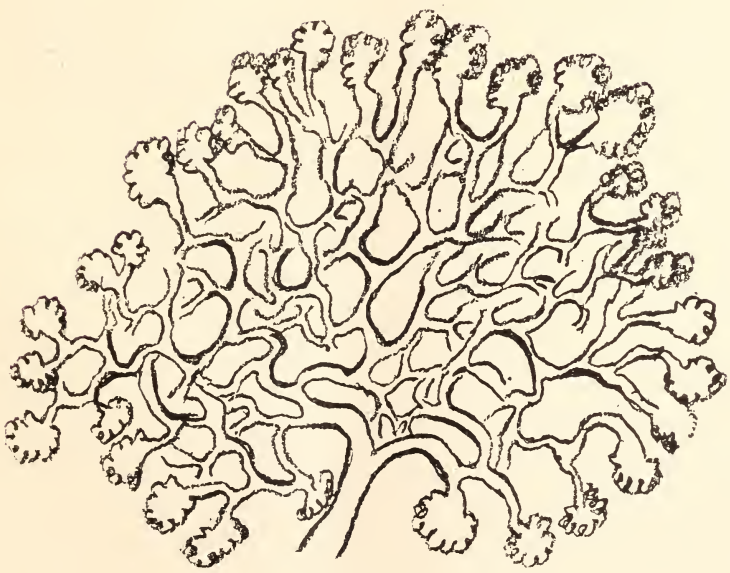

FIGURE 8.

Single lobule with acini.

FIGURE 9.

Lobe and lobules.

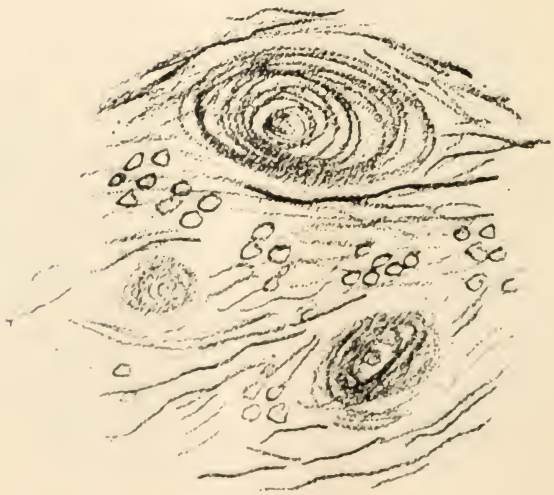

FIGURE 10.

Interstitial papillae—Strickers kernels.

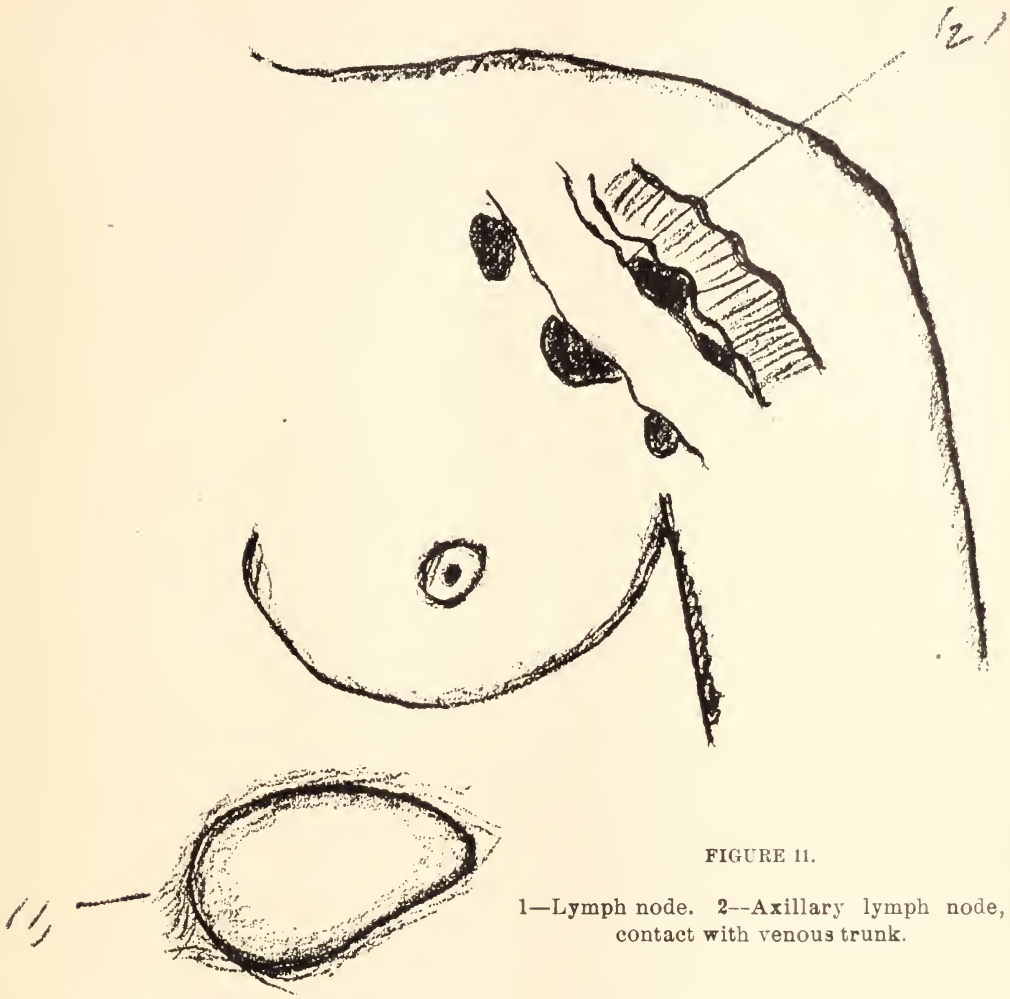

FIGURE 11.

1—Lymph node. 2—Axillary lymph node, contact with venous trunk.

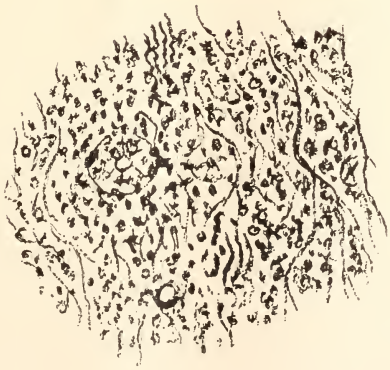

FIGURE 12.

Cross section through human lymph node in axillary. X 300.

and well says: "The surgeon who desires to discriminate accurately between the different diseases of the breast and wishes to assist the efforts of nature must never be unmindful of the peculiarities of that organ and the important functions it performs in the economy."

The anatomy of the breast as described by most authors is inadequate, faulty and misleading; strange to say, some surgeons regard it as an unimportant organ. Koenig, writing of its anatomical defects, and occasional congenital absence, observes, "Alle diese bildingen sind bedeutunglos for den chirurgen."

THE FIBROUS STROMA OR SO-CALLED SHEATH.

The breast is commonly described as "a gland with a capsule." Now it is not a gland at all, when we contrast it with the salivary, renal and other secreting organs, nor has it a distinct detachable capsule. Testut in his incomparable anatomical work observes, "The perimammary connective tissue is not sufficiently thick nor isolated to merit the name of fibrous envelope as given it by certain authors." Stiles of Edinburgh, sounds a similar note, when he submits—"The breast tissue is not encapsulated with a compact body, but it is so broken up and branched at its periphery that the sheath becomes continuous with the superficial fascia. There is no capsule in the ordinary sense of the term; the mamma is in fact, from a structural standpoint, but a modified cutaneous body. Nor is it a single gland, but an aggregation.

There are from eight to fifteen of these in each breast; in various situations, they are more developed than in others, the larger lying in the upper or in the axillary zone; each has a separate terminal duct at the nipple of its own. A knowledge of this is of the greatest practical importance in dealing with lesions here regardless of their pathology.

The French designate the breast as une glande a grappe, because of the arrangement of its secreting structures, separated into clusters or bunches.

The functioning part of the breast is made up of scattered lobes; these divide into lobules and ultimately sacculated terminals, the acini. The volume and firmness of the organ is more or less dependent on the degree of activity of these structures when a thick layer of adipose-tissue is absent.

The so called capsule, the fibrous frame-work of the breast presents no definite arrangement. This is continuous with the aponeurosis of the thorax; a careful dissection of it fails to support the commonly accepted description of it; viz., that it splits into lamella or a sheath for the secreting structures. The fascia-cribosa extends down to the muscle sheaths or the submammary-bursa, which at the center, is posteriorly sometimes, interposed.

It can be said to only completely invest the galactiferous-tubes, as they approach the nipple. It has no analogue in the body. It is nearly everywhere pervious for deposits of fat.

There are prolongations of this structure in various directions on the periphery, according to Testut; the broadest or first extends towards the sternum where it blends with the sternal aponeurosis. The second extends as far up as the clavicle, the third towards hypochondrium, the fourth sends forked projections towards and directly into the skin, the fifth towards the epigastrium, and the sixth ascends to the arm-pit the axillary-sling where its terminal fibres blend with the lymph nodes, the sheaths of the large nerve and vascular trunks, and the capsule of the shoulder-joint itself.

Ternier, Godfrain and Rieffel have specially studied this axillary aggrega-

tion of fibres. Zappy regards the functions of these long string-like strands, as ligaments and says that they should be so classed.

Another very short but thick and dense set of well defined fibres pass directly from the nipple in and between the galactiferous-ducts to the pectoral aponeurosis, posteriorly.

These fasciculi maintain a steady traction. They are not prone to yield in various diseased conditions of the mamma, involving turgescence, or in suckling; hence we find the depressed nipple. Again we find evidence of more or less contraction of these fibres as a congenital state, producing a sunken nipple; occasionally it is so closely drawn towards the chest wall, as to become almost completely engulfed by the distending secreting elements during pregnancy. It is somewhat remarkable that little or no notice is given to this important group of fibres by most anatomists.

Winding around and supported by several wandering strand-like, creeping on the branches of a tree, may be found, isolated fringes of elongated or distorted glandules.

The fibrous structure of the breast is blended with fat and so incorporated with the secreting structures that its complete isolation is impossible. The general outline of this mat-like framework of the fibrous tissue, presents the form of a crab; its centre the thickest, with long projecting limbs or cords extending far from this point. It contains a large admixture of yellow elastic fibre and is of a tough resisting character.

Astley Cooper taught that, "If an author would only write on what he was capable of demonstrating in connection with breast tumors, the medical world would not be overwhelmed with crude opinion theories, and conjectures." He justly attached great importance to a proper knowledge of this very complex structure, the fibrous stroma, and this reminds us, he adds, "that when a hard tumor of the breast is referred to, we should remember that a firm fibrous structure is here normal, and not a product of disease, as the fully developed breast in a nulliparous woman consists chiefly of a coarse fibrous tissue, of almost tendinous texture."

We will discover on a critical inspection that the stroma of the mamma presents unique physical and morphological characters; its reticulum is very coarse, tough and lowly organized, and like the fat intermingled with it is a deep orange tinge.

This structure is the first to yield at the outset of degenerative changes of a malignant character, as in scirrhus; a disease in which the fibrous elements are the first involved. Primarily mammary scirrhus is essentially a fibrous tumor, pursuing a malignant course. In genuine scirrhus of a stony hardness, we will find but few nests of a typical epithelia. It finally so condenses and contracts as to strangle off its blood supply, when sloughing begins.

It is well to remember that mammary-scirrhus has its prototype in fibrous tumors involving other structures, in various regions of the body.

THE PARENCHYMATOUS ELEMENTS.

"The full secreting element of the breast is not matured until the end of gestation," says Straiker.

The breast in function, is supplied with a secreting mechanism presenting many unique peculiarities.

The quite complete separation of its lobules is noteworthy. Again its secreting but widely scattered lacteal lobes in some individuals, are remarkable. We may note that the situation of these, is most common at the anterior border of the pectoralis major, in the arm-pit, or even in close relation to the nipple. Koenig regards

these aberrant glands as the primary origin of several abnormal changes, in the mammary region, the initial occurring in their fibro-cellular investment. Moreover, the isolated lobes vary widely from each other, in contour and volume, and hence why although this is not always obvious to view, because of the overlying adipose tissue, yet in palpation a lack of uniformity can be easily discovered. From a mere minute disc about one centimeter thick and two inches wide, in the maiden, the matured distended mamma of pregnancy extends from the sternum to the axillary fold, the mamalla lying nearly central over the fourth rib.

Creighton says that the first trace of the mamma's existence is made manifest by a whitish strip of tissue, running through a large body of fat, into which, spread from the long central tract, conspicuous off-shoots, the lobules and ducts horizontal, others take an oblique or spiral course. In the event of large vascular turgescence with simultaneous contraction of its own, intrinsic musculature, especially, when pressed well forward by the large distended lactiferous ampullae, the nipple certainly does become hard and so projected forward as to exhibit many features of a genuine erection. Intermittency in function, in milk production is a striking characteristic of the mamma. But has it any other important purpose than the secretion of milk? Beatson's investigations have certainly demonstrated the intimate relations subsisting between the ovaries and the breast.

During, and even after menstrual life there is a well-marked chain of sympathy between the breasts and the sexual organs.

Inasmuch as they are symmetrical bodies and a double amputation of them for malignant disease is seldom long survived, it is difficult to estimate just what part of these organs serve in the physiological processes.

It is well known, however, that despondency with a settled melancholy is one of the earliest and most pronounced symptoms in the outset of mammary cancer, much like the physical depression consecutive to male castration. The loss of one ovary appears to be followed by no appreciable disturbance of menstrual functions or perversion of nutrition processes; but when both are sacrificed a profound impression is made on the system.

Two cases of complete sacrifice of both breasts in young women have come under my observation; in one, a girl of 17 years for enormous symmetrical hypertrophy; the other a woman of 23 years, whose breasts were both simultaneously removed for cystic-disease. They have both since married, one for five years.

Neither has yet conceived though they are both enjoying vigorous health at the present time. Complete abeyance in function appears, in no very marked manner to influence the general health and spinsters as a rule, are on the average, quite as long lived as a child-bearing woman, yet it is well known that maidens and barren women are very much more prone to degenerative diseases of the breasts than those who have reared a family and suckled their children.

Dr. Jennie D. Drenman, in a brief, but learned and philosophical essay recently published set forth some of the evils attended in any violations "of the laws of the physiological, generative cycle." She clearly demonstrates that menstruation is essentially a pathological process. Hence, the breast is as it were, the head organ of generation, intended by nature for activity of functions from puberty until the age of child-bearing is past.

Physiological dominancy of this glandular body, is incompatible with

its full functional activity, and harmful to its structural integrity, especially in married women, or those exposed to periodical exaltions of the sexual system,

What Dr. Drenman designates. "The decivilation or the moral degeneracy of our times," often accentuates itself, by physiological perversion in the functions of this secreting organ.

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IDEAS.

To cure an inoperable rectal fistula inject Fowler's solution weekly, says Dr. C. L. Crider.

Phytolacca is a valuable glandular remedy. It is said to be the best internal and external remedy for cancer. The home made fluid extract is often the best.

Dioscorea villosa is of value in all forms of "belly ache" and most say the infusion acts best. Some writers say dioscorein the concentration of wild jam is often inert.

J. A. Burnett, M. D.
Pauline, Arkansas.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 335 Sept. Recorder)

THE X-RAY COIL.

The size of static machines was run to the extreme limit of weight within two years after the discovery of the X-ray; and operators began to realize that the discovery would never become of any commercial value until some

GORDON G. BURDICK, M. D.

other type of apparatus was discovered to generate the current, naturally the imperfect Ruhmkorff coil attracted attention as the most likely successor to the static machine.

A very short experience with it however, showed that radical changes would be necessary before it would become a reliable instrument, and casting about through the literature upon

the subject, it was noted that Professor Richie recommended in 1809 that the secondary be wound in sections in order to better control the difference of potential, and for reason of insulation.

Contracts were made with Messrs. Luska and Scheidal, two eminent electricians, to construct a coil upon this order, and after an infinite amount of labor a thirty inch coil was completed and has proved satisfactory in every way.

The principle used in the transformation of electricity is one discovered by Faraday. This energetic discoverer found that if he sent a current of electricity through a coil of insulated wire, that a neighboring coil not connected with it, would show a current of electricity that followed in one direction, and when the current was broken in the first coil that a current flowed in a reverse direction in the detached coil. He found also that if a soft piece of iron was inclosed in the primary coil, that the effect was increased in the detached coil, and also that the iron became magnetic and would attract other iron.

Prof. Ruhmkorff taking these experiments as his guide, constructed the so called Ruhmkorff coil, one of which was responsible for the discovery of the X-ray in Roentgen's hands. (See fig. I.) He took a piece of soft Swedish iron, and surrounded it with a coil of insulated wire, and again wrapping this with layers of linen cloth that had been dipped in linseed oil and dried, over this he wound a great number of layers of fine wire insulating the different layers with a shellac varnish. Many miles of wire were wound upon the secondary, in order to give an increased output of voltage and a very low amperage. However, this system of insulating was defective, as the alcohol in the shellac was hygroscopic and a certain amount of moisture was bottled up between the layers of the secondary, which would expand when the coil was used, as the temperature increased a break occurred somewhere, making it a very unreliable instrument to depend upon.

In order to get a practically continuous current in the secondary, he had to provide some means of interrupting the current rapidly, he succeeded in doing this by making the current furnish its own motive power. He prolonged the iron in the core beyond the box, and mounted opposite it a piece of iron upon a spring, this being always in contact with an adjusting screw, the primary current is allowed to flow through a standard to the screw, and then to the spring, and from the spring to one end of the primary winding, so that when a current is sent over this route, the iron of the coil becomes magnetic attracting the iron armature mounted upon the spring, so that the latter is drawn away from the screw, thus breaking the circuit. As soon as the circuit is broken the iron loses its magnetism, and the spring draws the iron back to the screw, when a new contact may be made, and by proper adjustment it is possible to get any number of interruptions from five hundred to sixty thousand a minute.

When the current is broken we have to deal with a peculiar phenomenon, the magnetic lines of force collapsing towards the magnet, pass through the tiers of primary winding, which is laying idle while the current is not running, and decaying into heat, giving rise to an induced current in the primary winding of a larger electromotive force (E. M. F.) than the original exciting current which rushing to the break between the screw and spring, gives raise to an arc so intense and hot, that even platinum is occasionally welded together.

This difficulty we must take care of by connecting across the primary

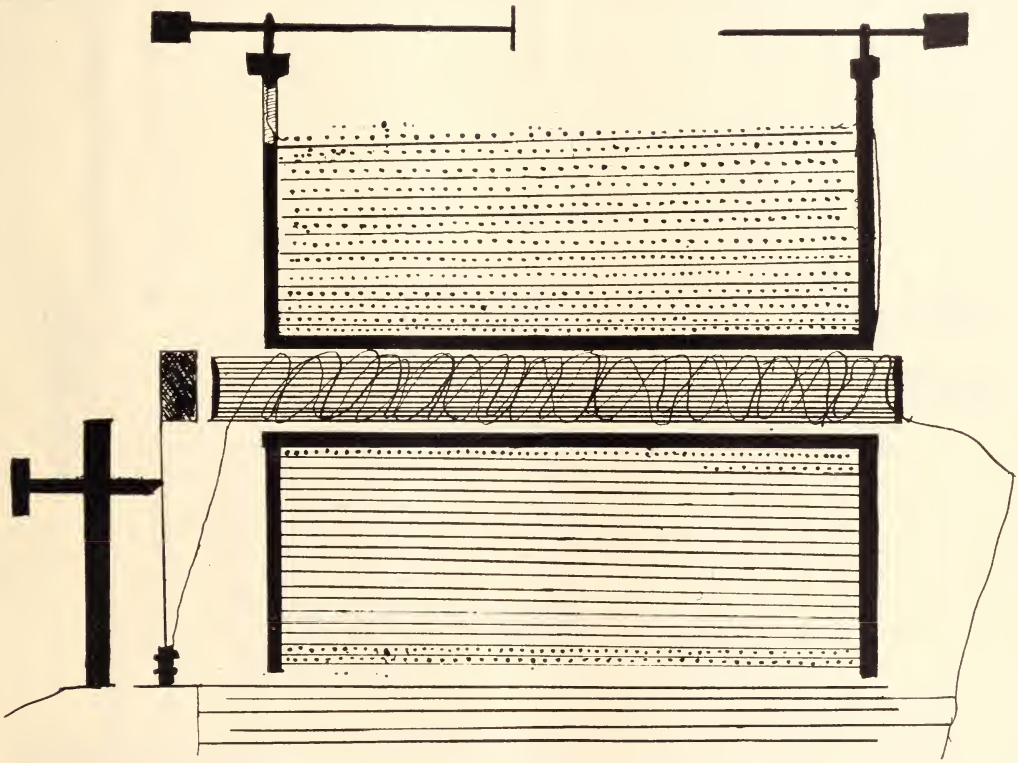


FIGURE 1

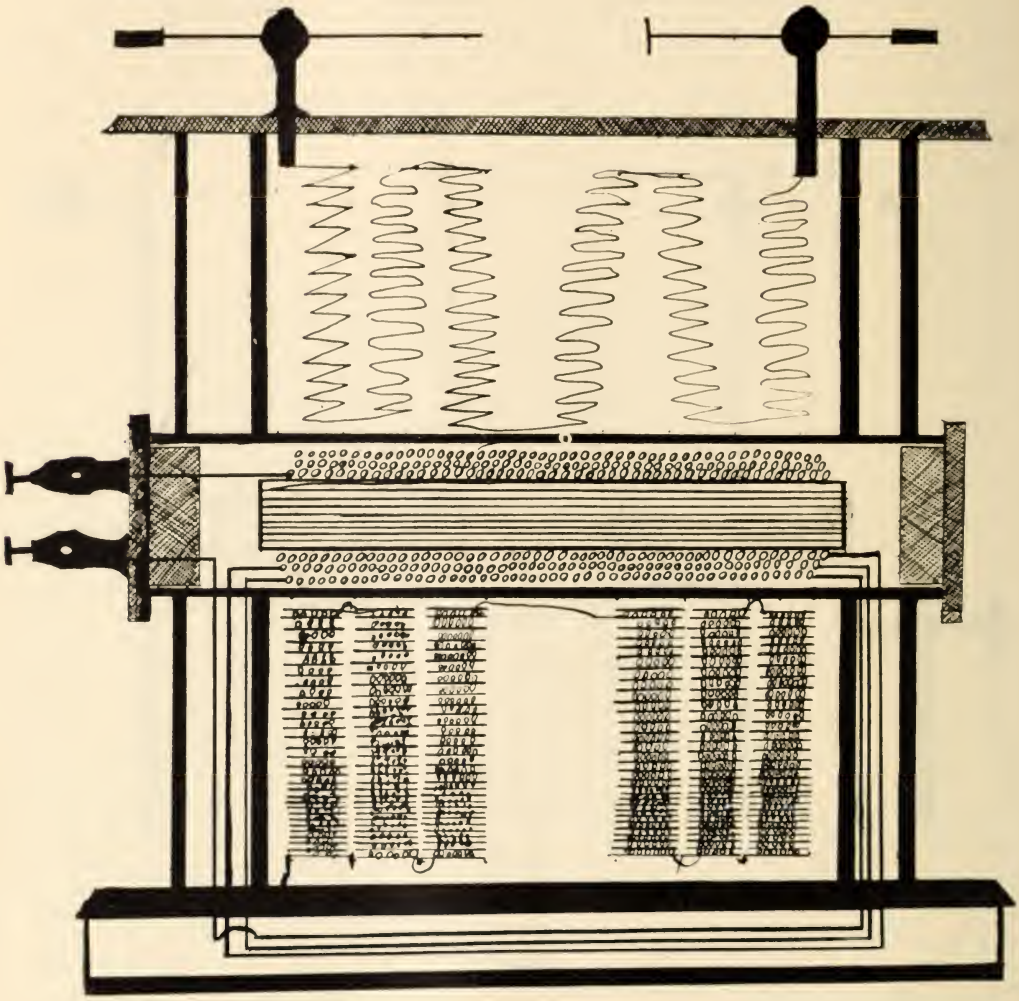


FIGURE 2.

winding what is called a condensor, which is made up of alternate layers of tinfoil and mica, and of sufficient capacity to absorb all of this current, and give a quiet break. If we want to use the coil with the same amount of current we can adjust this condensor so no trouble will be experienced, but if more or less energy is wanted, we must arrange our condensor so that the more amperage used in the primary the more condensor will be thrown into the circuit. This arrangement is known as a shifting condensor.

A few months experimenting with coils wound upon the Ruhmkorff principle taught us that it was not practical to wind them for a 110-volt current, and we abandoned the principle and began to construct them upon the Richie principle, by winding the secondary in bobbin form. It was thought in the beginnig that a 12-inch coil would fulfill all requirements, and to construct one we adopted 14 pounds of soft annealed Swedish iron, as this amount of iron will give one billion, five hundred million magnetic lines of force, and one hundred million magnetic lines of force passing through one turn of wire gives rise to a difference of potential of one volt. And as coils of this character vary from 40 to 50 efficient, each turn in the secondary will give from six to eight volts difference of potential.

Considerably difficulty was experienced in the beginning to get some insulation that would stand the heavy strain between the primary and secondary, after trying glass, porcelain, hard rubber, etc., and finding their weak points we finally decided to use sheet mica rolled upon a hot mandral with solid shellac, this was found the most efficient of all the different substances tried.

During the last year one firm has succeeded in using special tubes of fibre, that are thoroughly dried out in an oven and the pores filled with hard oil. The secondary spools are wound upon a mandral fifty-four layers wide, and each layer of insulation is allowed to project three-fourths of an inch each side of the wire, and it is wound 154 layers high. The insulation used between the layers is mica and shellac paper tested to 500 volts pressure. After the spools are wound they are placed in an oven and baked at a certain temperature to drive out the moisture, and then immersed into a hard oil kettle, in order that the oil may find its way through the spool, hermetically sealing it from any moisture. A spool of this kind simply can not break down. After all of the spools are assembled upon the primary in the box, it is filled with hard oil so as to exclude all moisture and we have a coil that will never break down.

The secondary terminals are brought up through the hard rubber parts that are allowed to project down in the hard oil to prevent breaking under the cover of the box.

NOTES.

For the wound of an end of a finger or toe, make a cot and place in it a drachm of acetanilid and boracic acid mixed, then cover the abrasion with lint soaked in camphorated phenol, bovinine or ichthyol and put the end of the phalanx in the powder. An elastic loop will prevent the powder from sifting out.

When a young baby is constipated and fretful or having putrid passages one or two drachms of natrium phos. with a few grains of sulphocarbolates to six ounces of water, a drachm every two hours frequently is all that is required.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

PNEUMONIA.

By Henry F. Langhorst, M. D., Elmhurst, Ill.

It has been proven by reliable statistics that pneumonia is now more prevalent than in past years, while the mortality rate remains about the same. Wells collected the results of over 350,000 cases and the average death rate was 21.8 per cent. These were hospital cases. It is doubtful of a higher mortality than 5 per cent. obtains in country practice. It has been proven that the prevalence of pneumonia is not caused by a weakened resistance to acute infectious diseases as the average duration of life has progressively been lengthened. It remains, then, that the germ has become mor prevalent and that existing conditions facilitate its distribution. The prevailing custom of promiscuous expectoration entails grave dangers when one considers the possibilities that it may lead to. It is known that healthy individuals can grow good cultures of the diplococcus from their oral secretions. The expectoration of such an individual would be a source of great danger to a congested community. The dry sputum is mingled with the dust and dirt of the city streets from which the bactericidal rays of the sun are barred by the smoky atmosphere and the high buildings. This germ laden dust enters the nose, throat and lungs of every individual exposed to it and is deposited upon the wearing apparel and taken home to the family. Owing to the lack of vitality of the pneumococcus some deny the above method of its transmission but the great prevalence of pneumonia in cities seems to uphold this view. Public assemblies, such as congregate in theatres, churches and halls, also provide for the pneumococcus, an opportunity to find a victim. Susceptible individuals should, therefor, avoid these opportunities for infection.

In the treatment of pneumonia many specifics have been vaunted but none have stood the test of time. Venesection, calomel, veratrum viride, ergot, digitalis, quinine and salicylic acid have all had their turn at professional favor. The serum treatment has, as yet, not proven trustworthy, but it offers great expectations. There are still many advocates of large doses of salicylic acid and many good results are reported. Probably its beneficial action is entirely due to the leucocytosis it causes. This treatment would recommend itself to cases that failed to react to the systemic toxaemia, as evidenced by a hypoleucocytosis. Its irritating properties, as well as its depressing effect, would prescribe its use in any, but the sthenic. Oxygen is a valuable auxiliary to any line of treatment and is especially indicated where the functionating lung tissue is limited and where mechanical obstruction exists. In these casese it furnishes condensed respiratory pabulum and under its use the cyanosis disappears and the dyspnoea becomes less urgent. Practitioners, near large cities, should avail themselves of this valuable adjunct, as it can be procured on short notice. Creasote in the form of the carbonate, is now the popular treatment for pneumonia, and is undoubtedly a most successful one. Its action is either antitoxic or bactericidal. As it is largely eliminated by the lungs it comes in direct contact with the exciting germ and thereby possesses a splendid opportunity to modify or inhabit its growth. Its advantage over creasote is that it can be introduced into the body in larger quantities and in an innocuous form. It is claimed that dram doses are tolerated without any untoward results, but such large doses should not be given. The dark colored urine is not a result of toxic action but is due to a chemical reac-

tion. It is usually administered in 10 to 15 gr. doses every 2 or 3 hours. It does not disturb the stomach but improves the appetite and cleans the tongue. It is a splendid intestinal antiseptic and prevents the annoying symptoms of tympanites often present in the course of pneumonia. A typical drop of temperature within 24 hours follows its use, but, if the creasote is not continued, the former symptoms return. The course of the disease is in many instances shortened and often ends by lysis. The carbonate of creasote should be administered either in an emulsion or dropped in milk. The patient should be placed in a light, well-ventilated room and the temperature kept between 65 degrees and 70 degrees Fahrenheit. It is better not to envelop the chest with a cotton jacket as it interferes with the examinations and local applications. The food should be fluid and wholesome. Poultices and blisters are losing favor while the application of dry cold, by means of an ice bag, or ice water in a water bag, is becoming popular. This should only be used in cases with severe pain, high fever and profound intoxication: it lowers the temperature, relieves the pain and adds to the comfort of the patient. For the relief of the cough and pain codeine, heroin or dover's powder act well. Expectorants are not indicated unless the sputum is sticky and tenacious, as the inflammatory exudate is almost entirely absorbed.

Coal tar products should not be given to control the fever. If it should go above 103 degrees an alcohol rub or cool sponging will suffice. In hyperpyrexia an ice bag to the chest would be indicated, as would cold sponging. In the early stage with the intense pain and dyspnoea Tyson strongly recommends wet cupping and claims it is superior to venesection and especially indicated in a pleuro-pneumonia. The second period in which blood letting is indicated is in the latter stage when the right heart is engorged and dilated as evidenced by intense dyspnoea, cyanosis and a feeble pulse. An abstraction of from 10 to 20 ounces of blood will frequently turn the tide in the patient's favor. Simultaneously with the venesection, hypodermoclysis can be carried on and small quantities of saline solution (4-8 oz.) slowly infused. This expedient hastens the elimination of pneumotoxins by diaphoresis and diuresis. It is very important to support the heart and guard against cardiac weakness; this may be caused either by the specific action of the germ or over-distension of the right heart. Alcohol is indicated in aged and alcoholic subjects. Digitalis is indicated but is slow acting and not well borne. Strychnine regulates the circulation and is a splendid tonic to the left heart and in the form of the nitrate assists the right side. Nitroglycerin is of value when the right chamber is engorged as it bleeds the patient into his systemic arterial system. The employment of the nitrate of strychnine hypodermically in doses of 1-60 to 1-20 gr. every 4 to 6 hours is recommended by Wilcox. Carbonate of ammonia is also a valuable cardiac stimulant and caffeine and camphorated oil have been recommended, the latter to be used hypodermically. The bowels should be kept open by calomel and saline. Morphine should not be used on account of its depressing effect upon the respiratory center.

Mr. A. had been treated considerably for his heart. It was hypertrophied and he was rendered uncomfortable by feeling its pulsation. With a drachm of sodium phos. before meals and strychnine and aqua regia after meals improvement was prompt.

C. E. Boynton, M. D.

Los Banos, Cal.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SUMMER IN EUROPE.

As we issued from the St. Gothard tunnel, we first noticed the difference in the houses, which were high with fairly steep roofs of tile and stone. This is the first time we saw flat stones used as shingles. The names were all Italian, but we still had the beautiful Swiss scenery. At Lugano, which is on the Lake of Lugano, and at the edge of Swiss territory, we had a wait of one hour before the steamer took us to our night's destination at Menaggio on the shore of Lake Como. Having seen the beautiful Swiss lakes the first view of the Italian lakes did not strike us so forcibly. The mountains start at the shore of the lakes so the houses and villas are built on the mountain side, giving a beautiful effect. We found the water a greenish hue, while the Swiss lakes were quite blue. I was surprised to see at one of the large towns on the lake men sawing boards by hand from logs. The trip from Menaggio to Como is a very pretty one of about three hours. The boat makes many landings so the villages and villas can be nicely seen. From Como to Milan is one hour's journey through the farming district.

Milan is an interesting city for three things: the cathedral, the picture of The Last Supper, and its great age, dating from 600 B. C. In 1500 it was the fashion center of Europe and the present name of "milliner" was derived from Milan at that date.

Da Vinci's "Last Supper" is in the refectory of of St. Ambrose church. It was painted in 1496 and since then has been "restored" many times until at present you have the idea and figures very dimly outlined. It is a gold mine for the church, however, for there is a continual stream of franc pieces being taken at the door.

The Milan cathedral is the chief attraction and is located in the center of the city. It is a very beautiful building with its 98 gothic turrets and 3,400 statues. The highest pinnacle should be ascended, which is about 360 feet from the ground, and gives a magnificent view of the church and city. The interior of the cathedral is very beautiful and the 53 columns, 8 to 12 feet in diameter and over 100 feet high, supporting the roof, are marvelous to behold. The floor is marble mosaic. It is truly said to be the most beautiful exterior cathedral in the world.

In leaving for Venice it is best to start in the morning which will make your arrival in Venice early in the afternoon. To reach the depot, which is on the Grand canal, you have to cross a bridge two miles long that was constructed at a cost of $1,000,000. Your baggage is carried to a gondola and you start for your hotel. When leaving the depot hire the gondola by the hour, which is just as cheap, and go to your hotel by way of the Grand Canal. It is a ride never to be forgotten and particularly restful after the railroad journey. Having seen the beautiful views of Venice, your first impression of the dirty water and dirtier buildings is anything but pleasing, but you will thoroughly enjoy it all. The gondolas are all black, from an edict of the 15th century to suppress extravagance, but really to favor political intrigue as the gondolas could not be seen on dark

nights. The ambassadors only were allowed to decorate their gondolas, so they might be more easily watched.

The night ride on the canal is very beautiful and impressive. There are many wandering bands of Venetian singers in their lantern bedecked boats, and as you lean back in your gondola, with many lights passing to and fro it makes you think of your childhood fairyland.

Venice is on 117 islands connected by 400 bridges, so it is possible to walk all over the city. The gondola is always at hand if you are tired or become lost. Venice was a republic until 1797 when it was taken by the French. It was ruled by a Doge or president.

Galileo invented the telescope while on a visit to Venice. The first newspaper was printed there. It was sold for a coin called a "Gazetta" from which it took its name. Artillery was first invented by the Venetians. Venice has always been noted for its Venetian glass and laces.

There are many places of great interest in Venice. As you enter the Piazza St. Marks, you first notice the St. Mark's Cathedral with its domes and variegated marble and mosaics, and next the great flock of pigeons which many people are feeding. You look for the campanile and see the board fence where it stood and where they are now laying the foundation for the reconstruction. On the left of St. Marks is the clock tower, erected in 1496. Two gigantic bronze figures strike the hours. To the right is the small piazzza which leads to the canal and has the two monolith pillars of gray and red, brought to Venice in the 12th century. As you face the pillars the Doge's palace is on the left. This palace contains the council chambers of the nation and also a number of dungeons, from which runs the "Bridge of Sighs," to the main prison across the lagoon. It contains many wonderful paintings.

St. Marks cathedral is a beautiful church on the mosque order. Its 500 marble columns of every kind and color with its beautiful mosaics give it a brilliant appearance. Above the entrance are the four bronze horses, which have graced the triumphal arches of the early Greek and Roman leaders, and were taken to Paris by Napoleon by way of the Alps. As they weigh two tons each it was quite an undertaking. The mosaics in this church are truly wonderful and they fill the ceilings and part of the sides. The church is made up of wonderful marbles which have been gathered from all nations, executed in all ages, and representing every style and period of art. Back of the altar are two alabaster columns from Solomon's temple and in the christy some of the blood of our Savior in a crystal vase. There are 90 churches in Venice which have had unnumbered millions spent upon them and her streets are filled with beggars, truly such a religion should stand.

On our first morning in Venice we were awakened by the booming of canon and on looking out flags were flying everywhere, for a future king of Italy had been born. At night bands were playing and with the streets filled with people the sight was very interesting.

A few minutes' walk from St. Marks Square brings us to the old Rialto bridge, which was built in 1558. It has a line of small shops on each side. The view of the Grand Canal is very striking.

The ride to Florence is a tedious one of 8 hours. Bologna, where a stop is made, is an interesting city. It was here that anatomy and dissection were first taught and Galvani made his first studies in galvanism. It also has two leaning towers, one 3 feet 5 inches and

the other 8 feet 6 inches out of the perpendicular. We pass through Pistoga where the pistol was invented.

Florence is a city of masterpieces in statues. Michael Angelo did a great deal of work here. His "David" is in the "Belle Arti." The statue of the De Medici with their unfinished colossal figures of Night and Day and Death and Resurrection as well as an unfinished Madonna are in the San Lorenzo Sacristy. There are many unfinished statues by Michael Angelo in Florence. The Medici chapel situated back of San Lorenzo is very beautiful with its inlaid marble. It was built to hold the Holy Sepulchre and has already cost more than $4,000,000. Nothing more beautiful could be conceived. The Loggia, which is on one side of the Piazza della Signora, where Savanorola was burned for preaching Christ's religion, is the most noted building in the world, as it contains six of the world's greatest masterpieces:

The Rape of the Sabines—Bologna.

Judith Slaying Holofernes—Donatello.

Ajax with the body of Patroclus—Greek, restored by Ricci.

Hercules Slaying the Centaur—Bologne.

The Rape of Polyxena—Fedi.

Perseus with the Head of Medusa—Cellini.

It was near this building that Michael Angelo's "David" stood for 400 years.

Michael Angelo's home, which was built 200 years after he died, can be visited. Dante's home, however, is authentic.

The "Tribune" room at the Uffizi Gallery contains the Venus de Medici, the Apollino, the Wrestlers, the Grinder and the Dancing Faun, all masterpieces in sculpture, as well as two "Venus Reposing" by Titian and a number of pictures by Raphael, Veronese, Diner and others. The Pitti Gallery has the "Chair Madonna" by Raphael, besides five hundred other paintings by numerous artists.

The churches are filled with sculpture and paintings where one could spend weeks of study.

The cathedral is a beautiful building of white, green and red marble, and has the largest dome in the world, 138 feet in diameter.

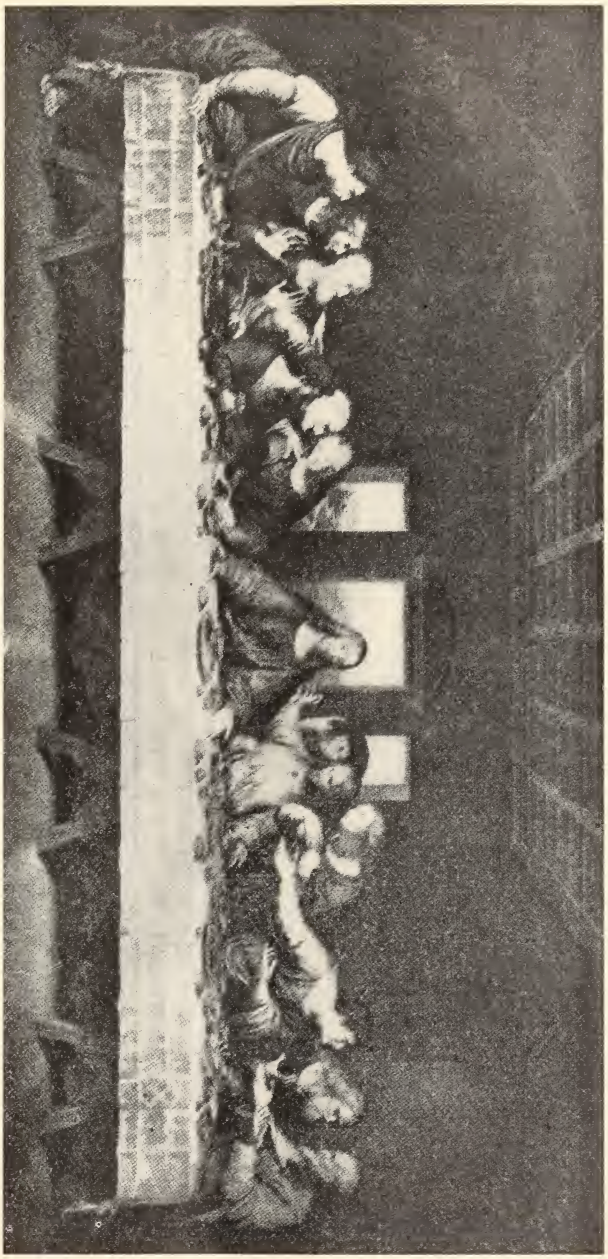
The Baptistery contains the wonderful bronze doors by Ghiberti and Pisano, and as Michael Angelo says: "They are worthy to be the gates of Paradise."

The headquarters of the Brothers of Mercy or Misericordia faces the church and it is weird indeed to see them march through the streets with the litter on their shoulders and the black robes with the cowl over their head with two holes to look through. The society has been organized since 1240 and is entirely devoted to deeds of mercy, without the received knowing who is giving it.

A train trip to Fiesole, with its old etruscan ruins and beautiful view of Florence and surrounding country, should not be missed.

A short trip of two hours and Pisa is reached. There are many things of interest here, but the principle ones are the Leaning Tower and the swinging lamp of the cathedral, which suggested to Galileo the idea of the pendulum. The wait of three hours before a train can be taken to Rome gives ample time to see the city, as a carriage is necessary to visit the places of interest.

At Rome we found the Hotel Michel very conveniently located and a very fine hotel with rates from 8 to 15 franc. When it is expected to stay a number of days in a city it is best to enquire far enough ahead in reference to the hotels so you can write and re-



THE LAST SUPPER

From Painting by Leonordo Da Vinci (1452-1519) in St. Ambrose Church, Milan.

MADONNA ENTHRONED WITH SAINTS

From Painting by Veronese (1528-1588) Venice.

MADONNA OF THE CHAIR

From Painting by Raphael (1483-1520) Pitti Gallery, Florence.

ceive the rates. They will give you a much better rate by writing ahead. Cook's tickets are very good for one or two days' stay in a city, but you can do much better by making the bargain yourself for a longer stay. It is impossible to travel on Cook's tickets without tipping, all of Cook's affirmatives to the contrary.

All visitors to Rome know the principle things they wish to see, but not how to see them. At the "Terminal Square" on which Hotel Michel faces, the car can be taken to St. Peters, the Popolo Gate where a short but beautiful walk through the Borghese Park to the Borghese Gallery, and many other points of interest. Across from the railroad station and only two blocks from the hotel, is the car for the Coliseum and the ruins of ancient Rome. At the Terminal Square a hackman who can talk English is easily obtained and for 15 franc will drive two persons or three for the day and explain everything. The lecture excursions ask 16½ franc a person and are not half as good. In this manner Rome can be easily and thoroughly seen in the cheapest way. I am sorry to say I paid quite dearly for the above knowledge.

It is impossible to attempt to describe Rome. Every foot is of interest, and to be able to stand on the spot where the incidents have happened is a privilege everyone who can, should try to obtain. It is intensely interesting and keeps one entirely in the past.

Train rides in Italy are long and very tedious. Leaving Rome at 8:30 a. m. you arrive at Naples at 2 p. m. Interest of course centers in Vesuvius, and particularly so to us as it had been more active in the past week than at any time in the past twenty-five years. Three days before the upper station of the railway had been destroyed and even now explosions were taking place about once every half hour, when the black smoke would shoot up as high again as the mountain, and then spread out, resembling a giant tree. After the first night we were unable to see the fire, and during the last two days the mountain quieted down so it hardly had the appearance of a volcano. The crater was covered by a thick mass and had not been so quiet for months. It was feared an outbreak would take place at any time.

It looked very much for a few moments after we left the depot as if the cabmen would divide us up among them, but we were soon whirling away to our hotel. The cabmen are never satisfied in Naples, and our first experience was a double charge, but I evened it up by making a man go for one-half price at another time. The native is never so angry as when you are willing to give them the price they ask, for they always think they could just as well have had twice as much, but if you cut them down to the lowest possible price they are content for they know they are getting all they possibly can from you.

It is real interesting to shop in Naples. After you ask their price and do not take it they will ask what you will give. They will generally accept one-third of their asking price and in one case I paid one-sixth of the original price asked. There are a few stores where the prices are fixed, but hardly one that will let you go if there is a profit. One must be a good bargainer or be cheated.

Cab fare is cheap. The regular fare for one or two persons in a single rig is 14 cents with 2 cents extra for the driver. 20 cents will give you an elaborate bow thrown in. If one is not careful and let them know you understand the fare, they will ask you anything up to 10 franc. By the hour the

fare is 30c for the first hour and 22c for each following hour, which makes riding very cheap. At our hotel was a lady missionary of the Methodist persuasion. Some one asked what she had been doing that afternoon and she said riding for three hours. When asked how much it cost her she said 12 franc. "What?" came the next question, "12 franc, why, you should have paid only 4 franc." "Oh, it makes no difference," she replied, "the missionary board has to stand it anyway." And my heart was hardened against foreign missions, and the man was right who gave one dollar to the heathens and one hundred dollars to send it there.

I have heard a great deal of the dirt in Naples, but words can not make it strong enough. When I say the natives use the streets as a kitchen and a water-closet, the imagination can certainly do the rest.

I had an experience here that was rather startling. Mrs. Pratt had finished buying a bill of gloves at one of the little glove stores run by a bright looking Italian and we were starting for the door when the man came from behind the counter and began brushing my clothes. He also wiped my shoes with a cloth and motioned that if I would step behind the counter he would shine my shoes. Although a little surprised I did as he requested and he kneeled and started to work. He at first breathed on my shoes and I told my wife he certainly was running a double shop, when my attention was called to his kissing my foot and acting in a peculiar manner and I discovered the fellow was a sexual pervert of the shoe variety. I had heard of such, but hardly thought it possible. A Naples physican told me that 78 per cent. of the births in Italy were illegitimate. Girls ten years old are prostituted. Such conditions leave the morals at a low level.

The view from Naples is certainly beautiful and as nearly all the hotels are situated on the side hill, you have a view of the Bay with Vesuvius in the distance.

A fine excursion is by boat to Capri where the Blue Grotto is visited, then to Sorrento to spend the night. The next morning a drive of 3½ hours brings you to Pompeii. One-half day at Pompeii gives one a very good idea of the buried city of which only one-third has been excavatetd. While standing there and looking at Vesuvius, three miles away, it hardly seemed possible that it could have been buried by the ashes. While Pompeii was buried to the depth of twenty feet, Herculaneum was buried to the depth of one hundred feet.

The museum at Naples is particularly interesting and it holds the finding of the buried city. The surgical instruments found in the physician's home showed that surgery was well advanced at that age. Some of the physicians of the present day would be surprised to see their ideas there, and might be grieved to have to add that this was Dr. So and So's modification.

There is no thought so welcomed as that of going home, and I am sure one is twice as eager to return to his native land as to leave it. It was with great pleasure that we opened our eyes on the 4th of October. for we were to start back to our loved ones. We left Naples on the night of October 4 on our 13 days' trip to New York. The trip of three days through the Mediterranean with a glimpse of Sardinia and Algiers, and at last steaming past the fort of Gibraltar into the St. of Gibraltar, was a never to be forgotten trip. Three more days and we were steaming through the Azores and rejoicing that we were half way home. Time hangs

very heavy on ones hands on ship board. Read, gossip, eat and sleep and day after day is past. When about two days from the Azores we ran head-on into a severe storm that delayed us three days. The height of the waves was 35 feet from sea level, from gully to crest 55 feet. The sight was beautiful although many did not see it. One day during the storm I went down to see how Mrs. Pratt was getting along . Raising herself on her elbow, she pointed her finger at me and said: "I wouldn't take this trip again for $5,000,000." It certainly goes to show that some people do not appreciate an ocean voyage.

Aside from one lady having her ankle broken by being thrown against the rail, the storm did us no harm.

As we neared land the sole topic was the custom officers and how we would fare by their hands. As we arrived at quarantine at 3 a. m. we did not have the pleasure and expectancy of seeing land come in sight. The doctor came on board early in the morning and inspected our emigrants for skin and eye troubles and then the first-class passengers were given over to the custom officers to declare if you have anything dutiable or not. You are entitled to $100 worth of goods bought abroad, on all over that sum you must pay duty. It is best to have a bill made out for any large purchases you make abroad, so they can be used as evidence if you wish to dispute the appraisor, as all goods are appraised regardless of what you paid for them. The appraisor is, however, very fair, and is frequently below your price. Do all you can to help the custom officers and there is no trouble. If, however, you state a package contains one thing and they find another, they are apt to go through things very thoroughly. Like everywhere else, "honesty is the best policy."

In buying a round trip to Europe you should buy through one steamship company and they will transfer your return passage to any boat you wish to return, except the Cunard Line. In tis way you can receive 10 per cent. discount on the entire amount of money paid for your passage. Through the lack of knowledge of the young man from whom I bought my tickets this little advice cost me $33.

J. A. Pratt, M. D.

Aurora, Ill.

MAGNESIUM SULPHATE.

Magnesium sulphate is not a new dollar ounce proprietary remedy in the experimental stage, but an old well tried and reliable remedy which sells for five cents a pound. In a rush for knowledge of new remedies one is likely to forget the value of the old ones and in most instances the old ones are the best and cheapest.

This remedy is used in many diseased conditions both externally and internally. Its external use has been highly praised by Dr. W. H. Burgess, of Avondale, Tenn. He reports:

"A lady with dropsical swelling of the lower limbs used a solution of one heaping tablespoonful of magnesium sulphate to one pint of water to bathe the swollen limbs twice a day taking internally one teaspoonful of the solution, t. i. d. Prompt relief followed.

"Another lady in similar condition though pregnant used the magnesium solution and strychnine, gr. 1-100 t. i. d., and bathed the limbs twice a day with satisfactory relief.

"Pain in the lungs, occipital headache, backache, congestions of many kinds, fever blisters, nasal catarrh, neuralgia, etc., have been quickly relieved by applications of the magnesium solution.

"A moulder was severely burned on the foot by melted iron but being a resolute young man continued at work. In about two weeks swelling of the limb and symptoms of blood poison appeared. Applications of magnesium solution and internally one teaspoonful every two hours eased the pain in less than an hour and the swelling subsided rapidly. That was Saturday. He ate a good supper that night and Monday morning went to work. Saturday was the only day he lost. An earlier use of the solution would have cured him at any time before.

"A family of five children had whooping cough last fall and just before Christmas were still coughing and throwing up almost every night and alternately kept the racket up nearly all night. They would often lose their breath and turn black in the face so that their parents could not sleep and were almost worn out. Magnesium sulphate solution, one pint, and potash bichromate, 3 grains, dose one teaspoonful hourly during the day, cured all but one and continued the next day cured her. This is the best cough syrup on earth.

"A man with a severe cold bathed all over with the solution and the cold was gone before he could get his clothes on.

"Carbolized epsom is a sovereign application for pain. It relieved the pain from a broken metatarsal bone in ten minutes. It cures toothache in two minutes; apply by gently sponging over the nerve. ℞ Magnesium sulphate one ounce, carbolic acid 15 grains, water one pint.

"A very poor seamstress uses morphine, has awful spells when she can't get it but does not want to be free.

"Carbolized epsom salt solution applied locally is a quick and certain remedy for pain and nervousness. I dropped 15 drops of carbolic acid on a heaping tabespoonful of epsom salts dissolved this in a pint of water and with this sponged her neck, arms, head, back and feet. I should have sponged her all over. Then I went over the same surface again and left her sound asleep. She dreamed I gave her a morphine hypo., slept well and has no trouble since.

"There is a missing link in the treatment of the withdrawal period and carbolized epsom lotion fills it.

"Applications of magnesium sulphate, one to sixteen, to recurrent mammary cancer with calcium sulphide, one grain t. i. d., effected a cure after the axillary glands had become implicated."

Dr. Burgess reports a case of pneumonia in an infant of six weeks in which the magnesium solution was applied on light clothes to the thorax and the entire body sponged with the same and in ten minutes the effect was noticeable on the respiration and in a few hours the child was out of danger. Next morning it was well except a swelled lip which received an application of magnesium solution and was in less than an hour reduced to normal.

He also says:

"Epsom water is the only thing I know of that will cure dropsy. Dropsy and pneumonia are so far apart that nearly every other ailment finds a place between the two conditions. And what I want to say is that epsom water cures about all that lays between these two marks. It will please you beyond all measure. A sponge bath of epsom water at the temperature desired by the patient ad lib., is a grand thing and will aid any treatment of any disease. It opens the pores of the skin and stimulates the dermal glands. Suppose the pores are open too much as in the weakening sweats of some conditions epsom water is

still the remedy for it will so energize and stimulate that the pores will be enabled to resume normal functions. It always puts the skin in a comfortable glow. It is congenial. It corrects the condition that produces pain in less time than the pain can be relieved by an anodyne. Epsom water corrects the deviation while the anodyne leaves the pain producer intact ready to produce it again whenever the nerves are able to carry the sensation. The anodyne relieves pain by disabling and crippling an important part of the system, while epsom removes the cause and induces a state of health and ease."

Dr. J. C. Culbertson, editor of the Cincinnati Lancet-Clinic, says:

"I believe sulphate of magnesia is the most useful remedy in the long list of medicinal preparations at our command.

"As a purgative its most common administration is in the morning and in a dose of from half an ounce to an ounce. This may be greatly improved on by giving half a drachm to a drachm administered in a pint of water. The mechanical effects of the water are beneficial and aid in establishing increased peristaltic action of the bowels. The remedy when given in this manner is peculiarly cooling, it is refrigerative. The same dose given at bed time rarely acts even as a laxative but becomes a most excellent diuretic and also stimulates the skin so as to literally rid the body of accumulation of detritus wherever it may be located. This is a property possessed in a high degree by sulphate of magnesia. In fact it may be placed at the very head of the column of diuretics that are certain safe and mild in action.

"In cases of hemorrhoids and all congested conditions of the rectum and other pelvic organs sulphate of magnesia is almost a specific in a large number of instances; where the patient is troubled with flatulence an addition of peppermint to the salt solution is very effective in affording relief.

"In gynecological cases and particularly peritonitis, sulphate of magnesia is again found at the top of the column of useful remedies. As a cholagogue it is again in the front rank but it is useless and time-absorbing to refer to special indications for this old standby. However, especial attention is directed to its value as a diuretic when given at night on retiring. The usefulness of so-called small doses in large draughts of water preferably warm is insisted upon.

"For a cure of dysentery, magnesia sulphas comes nearer being a specific than any remedy at our command. In giving it in this disease from a drachm to an ounce may be used. If large doses are given the discharges are apt to be stopped too abruptly. A drachm is better than an ounce and may be repeated every hour or two."

Dr. Culbertson suggests that physicians abandon the word "Epsom salts". He says: "Get rid of the domestic name of this invaluable medicine and do it at once by never permitting ourselves to use them and thus retract what should never have been given to the people." He further says: "There has been entirely too much giving of ourselves away. These things are the secrets of our profession. They are essentially our bread and butter, they are our living and everything and should be dignified by our treatment of them. * * * Take this therapeutic agent out of its present position as a domestic remedy and place it where it justly belongs, in the category of therapeutic agents of the greatest value and respectability."

Dr. H. L. Kampen says:

"Given a case of appendicitis in its incipiency or even after it has become

fairly established with its full compliment of symptoms, pain, high temperature, etc., but before suppuration has occurred and magnesia sulphate in one tablespoonful dose followed by one teaspoonful dissolved in one-half glass of cold water to which is added one teaspoonful of dioscorea and given in teaspoonful doses every hour is a treatment which in a large number of cases will be all that is required. * * * No opiate is required to quiet the pain, stop peristalsis and rest the bowels as we are instructed to do by some authors. Local applications such as turpentine stupes are in order. It is not even necessary to add antipyretic or other measures to lower the temperature, for in magnesia sulphate we have the specific remedy for the specific condition and it will remove the entire train of symptoms which arise as a sequence to inflammation of this part.

"In chronic recurring appendicitis it would be well to place the individual on magnesium sulphate, ten grains, and specific dioscorea, five drops three or four times a day, for a month before deciding to operate. A large percentage of these cases will recover on this treatment. I have a medical friend who claims to treat typhoid fever with this remedy alone, giving them nothing else through the entire course.

"Painters and lead workers find magnesium sulphate to be their best cathartic and if given in ten grain doses, three to four times a day, it will ward off the colic from which those individuals are such frequent sufferers.

"New born babies sometimes suffer from colic and diarrhoea the first week of their lives and are quickly relieved by adding sixteen grains to one-half glass of water and giving in one-half teaspoonful dose every hour.

"The skin eruptions of babies papillary and eczematous, are soothed by local applications of magnesium sulphate in the proportion of one tablespoonful to a pint of water or better still cold tea."

Prof. H. A. Hare, of Jefferson Medical College speaks of the use of magnesium sulphate in dropsy, enteritis, peritonitis, tropical dysentery, and other diseases.

Prof. W. F. Waugh, of the Illinois Medical College, uses magnesium sulphate in almost all diseased conditions. He recommends Abbott saline laxative which is a chemically pure magnesium sulphate in effervescent combination, which is pleasant to the taste and does not gripe or cause any unpleasant symptoms in purgative doses. He usually follows the saline laxative with W. A. intestinal antiseptic, which is a chemically pure sulphocarbolates of calcium, sodium and zinc. He calls this cleaning up and keeping clean and such treatment is of great value in most diseased conditions, besides it opens up the way for the action of other indicated remedies and a much smaller dose is sufficient and the action much quicker.

Prof. Stille, of the University of Pennsylvania, as far back as 1867, would not pass a man who could not properly treat dysentery. His method was to put one ounce of epsom or rochelle salts in a pint of water and give a wine glass every two hours. This treatment gives prompt relief from fever and tenesmus.

There is no remedy that is as cheap as magnesium sulphate that is so useful in so many different diseased conditions. An important fact that all general practitioners who do their own dispensing should remember.

J. A. Burnett, M. D.

Pauline, Arkansas.

RACE SUICIDE.

Observing the editorial of the above title in the October Alkaloidal Clinic certain thoughts arise. Long residence in various parts of Utah and Wyoming has proved to the writer that God's first command to man, "Multiply and replenish the earth," is well heeded by the devout Mormon people. Not these words alone of all the Bible do these people study to understand and obey, but in all things they are the most precise followers of Biblical teachings of any people in the world. This is partly why they at one time advocated and to a limited extent practiced polygamy. Were polygamy at all general it is very evident that prostitution would be correspondingly rare. The industrial stress of the present time crowds woman into the workshop and the single life.

In conversation with an old maid of 70 years I was profoundly impressed with this remark: "Yes, in my youth I was foolish, very foolish, not to marry and have a family. There is no love for me now. I am lonely. I see others happy in their homes but I have no home." She spoke from her heart what I believe every aged single woman and every childless old woman has felt. It is the punishment inflicted by Providence for disobedience to that great command: "Multiply and replenish the earth." My humble opinion is that God does not care very much whether man multiplies polygamously or monogomously as long as he multiplies. In the Bible not one word is said against polygamy. The forefathers of Christ were polygamous people and for my part I fail to see what precedent religion gives for denouncing polygamy. Say what you will the masculine human being is instinctively polygamous. The average man is more amorous than the average woman desires he should be, and this fact also counts one for polygamy.

In the polygamy days of Utah a certain man had for ten years been the husband of one childless wife. Both wished children and the wife was not very amorous. This man took a second wife at the expiration of the ten years and so his first wife became very affectionate and in nine months both women almost upon the same day gave birth to lusty infants. The theory advanced by the early advocates of polygamy was that every man is not by nature fit to become a father and that a better race is possible when the best fitted of the male sex are largely represented in offspring. The central idea being that large multiplication is the chief end to be attained partly because that in the pre-existence or first estate of man the pressure for birth into this the second estate is great and the opportunity narrow. Thus it comes that the women who best serve the first estate in becoming mothers get the highest exaltation in the third estate or Celestial kingdom. Thus the second estate is a sort of stairway from the first to the third estate of man. Were there just enough polygamous families to take off the excess of single females at marriageable ages then multiplication would follow. The life of single young women, their presence in the community, their social life, make as it were clubs to which the married woman is more or less drawn and thus the childless life becomes seductive. In a town like the Utah town where large families are popular and the childless woman is very rare girls grow up with nothing in view but marriage and the raising of a family.

Rarely do we find the married woman in Utah who is anxious to avoid maternity. Yet in the populous towns of that state where industrial conditions make life sometimes a grind we hear lisping of discontent over large families. In other quarters the lot is a hard one to maintain a family of

seven on the wages of a common working man. This is the pressure that is causing the race suicide. In a polygamous home the other wives used to take the burdens off the pregnant and nursing wife and the family of twenty children with four mothers and one father was in better order and happier than most families of seven today. In union there was strength.

If there had been any very potent reasons or arguments against polygamy I am inclined to think that the Bible would have told some of them.

In this young nation already we are getting alarmed about this race suicide. I wonder what will happen in the next hundred years, considering the ease with which we are now able to present and abort conception? Possibly a religion with an element of polygamy in it may after a while come to fill "a long felt want." The writer goes on in this way in the hope that the reader will get something of aid in solving this problem of race suicide. It is not an attempt to prove that polygamy is an ideal state of affairs but rather to show it as being no worse than race suicide. The so-called Mormons have received much undeserved persecution and condemnation. Their argument is a strong one, they stand at the opposite pole to the race suicidist. Polygamy with them is a thing of the past.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

WHEN TO ACT AND TREAT.

A very accurate diagnosis may furnish a poor working basis. It is always better to expand than to focus a diagnosis. It is better to treat for what is coming than for what is there today. It is a bad idea to exaggerate the importance of diagnosis and minimize the conception of treatment. Do not say that with an exact diagnosis any fool can treat a case. It is not so. It takes more brains to treat wisely than to diagnose with precision. In diagnosis it is highly important to know if there is fever but not nearly so important to know whether it is typhoid or pneumonia. If called to a patient today with fever 105°, I will go to lowering the fever before I begin to investigate as to what fever it is. If there is fever, no matter what causes it, food in the stomach or bowels will rot and raise Cain, Abel & Co., if disinfectants are not dispatched instantus on the main line.

If there is a smash-up down the track the construction train is sent out a flying and as long as the conductor knows it is down the track, he's all right. When he gets to the accident he will stop and do something. It is not necessary to know between just which mile posts the derailment occurred.

Usually a fever knocks the whole combination of a man more or less out of gear. It is well enough to analyze the urine when you have time but to do that before you start him on the triad, the sulphocarbolates, calomel, salines, rectal injections, quinine and cold applications, is all wrong. Five minutes more of a 105° temperature may turn the scale from life to death. This is why I think a doctor should be one of these lightning dispatch men.

Any doctor is handicapped if he does not have his drugs with him. When I drive into the country or around town I take four satchels with me and always have four pocket cases about me. In my back office I carry a better assortment of drugs, alkaloids in particular and the later chemical products, than the average drug store. Other doctors do not do this but they should. The conveniences with which to act quickly in sickness are every thing.

C. E. Boynton, M. D.
Los Banos, Cal.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CONCESSION BY A STATE BOARD.

At last a state board has come down from the high horse and condescends to make a few concessions to the older physicians. The Illinois State Board of Health amended at its meeting of October its rules by the following resolution: On and after January 1, 1905, the Illinois State Board of Health will accept as an equivalent of a part of the examination required satisfactory evidence of five or more years of reputable practice of medicine and surgery since graduation, and will allow a credit of five per cent. on the required average of seventy-five per cent. for each period of five years of such practice on the part of a candidate for a certificate.—This is not more than simple justice and in accordance with the intention of medical practice laws. The applicant for license is to prove his fitness as a physician, not the tenacity of his memory. There is now a chance for the old fellow, who may be a pretty good and safe physician, even if he has forgotten most of his theoretical chemistry and histology and never worked in a bacteriological laboratory.

RICE AS A FOOD.

The strongest animals, the beasts of burden are herbivorous, the horse, ox, camel, elephant. So also among men all those who perform the heavy work of the world. The agricultural laborer of Europe lives almost exclusively on vegtable food and the untold millions of Eastern Asia draw their strength from rice. The full value of rice as a food has been revealed recently by the surprising physical power and endurance exhibited by the Japanese soldier. The provisioning of an army in the field has always been one of the chief problems in war, but here we find theories upset by the remarkable performances of a people who subsist on rice and a little fish. Rice has commonly been looked on as an inferior food, owing to the excess of starch in its composition. But rice, as eaten in Japan, is free from this defect, because the entire kernel is consumed, while the rice, as we use it, is first subjected to a process of beautifying, called polishing. In the process not only the outer husk is removed, but also what is known as the rice meal, which is really the most nutritious and best flavored part of the grain. Analysis shows it to contain 12.5 per cent. of albuminoids and 4.5 per cent. of phosphoric acid. The rice meal is extensively used in Europe in the manufacture of oil cake for fattening cattle. There is no reason why we make such poor use of an excellent foodstuff which we can produce cheaply and in abundance in our own country. Let us learn from the example of the Japs.

A NEW METHOD OF GENERAL ANESTHESIA.

Anesthesia produced by hypodermic injection of scopolamine and morphine is recommended by Professor Volkmann as perfectly safe, satisfactory and free from the unpleasantness connected with anesthesia by inhalation. The method is as follows: Four hours before the operation 12 decigrams (2 grs.) of scopolamine hydrobromate and 1.5 centigrams (1-4 gr.) of morphine are injected hypodermically. The injection is repeated after two hours and immediately before the operation a

third injection is given but this time only one-third of the former dose. The first injection causes sleep, deepened into insensibility by the second and prolonged for several hours by the third. The method is extremely simple, requires no special technique, and if further trial substantiates the claim of safety and effectiveness, it is sure to come into general use.

ANESTHESIA IN CHILDREN.

Giving an anesthetic to a child is an unwelcome task to the physician. Unpleasant and even alarming conditions are too apt to develop and statistics tell that deaths from anesthesia are relatively more frequent in children than in adults. An editorial writer in the Archives of Pediatrics offers valuable comments on the subject with subsequent suggestions. He declares the common belief that chloroform is the best and safest anesthetic for children to be erroneous and goes so far as to assert that chloroform is especially dangerous to children. The induction of anesthesia in children, he says, must often be accomplished during crying and struggling, and the great irregularity of the respiration under these circumstances makes it difficult to administer chloroform in the gradual, smooth manner which is so necessary for safety. Sudden overdosage is exceedingly common at this time; the administrator, anxious to quiet the child, is tempted to add the chloroform faster than he would if the patient were quiet, and thus the intake of anesthetic is increased at an alarming rate. If the dropping of the chloroform on the inhaler is doubled and the respiration exaggerated by crying and struggling to three times the quiet respiration, the patient will receive about six times as much chloroform as he should. This is not an overestimate of what often occurs, and it explains that familiar picture of a child struggling under chloroform suddenly becoming quiet, pale and deathlike, with falling pulse and respiration. It is a case of either overdosage or too rapid dosage, either the amount adiministered has been too great or an amount which would seem reasonable has been taken too rapidly.

Children generally become quiet suddenly during the induction of chloroform anesthesia and it is a wise plan to suspend the administration for the moment when this occurs and note the effect of the dose which has already been taken in. When it is seen that the initial dose has not been excessive, the administration may be resumed and as the respiration is now more regular the narcosis progresses with greater safety.

The unpleasant effects of ether are due chiefly to faulty administration, in using too much ether and forcing it upon the patient too rapidly. The ether should be presented very greatly diluted at first and it should be increased very gradually. The best method of giving it is likely by a dropping bottle, in the same manner in which chloroform is always given. Administered in such way ether is to be considered the safest anesthetic for children, except in such conditions, as contra-indicate its use, as acute bronchitis, pneumonia, nephritis. Ether does not cause such circulatory disturbance and depression as is common from chloroform.

Nitrous oxide is not well borne by children and not to be recommended.

Methylene blue in a three per cent. solution is a splendid application in infantile intetrigo and eczemas around the buttox says Dr. C. W. Allen. The writer has successfully used a peroxide spray and pure ichthyol application in eczemas and impetigos.

C. E. Boynton, M. D.

1,000 labels with paid-in-advance subscriptions to the Recorder.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

Vol. 7. DECEMBER, 1904. No. 12.

LOOKING BACKWARD.

It is with pride, which we consider permissible, that we present this number of the Wisconsin Medical Recorder, completing the seventh annual volume. Those who have read the Recorder since it was started can appreciate the steady growth it has had. Our original intention was to publish a local medical journal but it soon outgrew its local character. We found there was a place for a medical journal, which was independent in every sense of the word. The Recorder is not the organ of any drug house, book publishing house or society, but an independent journal for physicians. An appreciation of this has been shown by physicians in every state in the Union and in foreign countries who are regular subscribers. The circulation has been growing so that 6,000 doctors will read the Recorder during 1905.

The year just closing has been generally prosperous in all parts of the country, crops have been good and physicians have profited by it all.

At this glad holiday time we extend our greetings to our readers and hope and trust that the next year will be the best and happiest of all.

SURGERY OF THE MAMMARY GLAND.

Modern surgeons have given less attention to the scientific and practical study of the mammary gland than to most any part of the body. In comparison to the surgery of other organs the literature on this subject is small. To Dr. Thos. H. Manley, of New York city, belongs the honor of investigating and writing more exhaustively on this subject than any other surgeon. During the past year Dr. Manley has been reporting, in various articles, the results of his work. At the recent meeting of the Mississippi Valley Medical Association, he read a paper, which excited considerable interest, entitled: "The Mamma, Its Physiological Purposes, Its Coarser and Finer Anatomical Elements in their Bearing on Some of its Pathological Affections." In the Wisconsin Medical Recorder of June, 1903, we published an exhaustive original article by Dr. Manley entitled: "Tubercular Abscess of the Mammary Gland in Women." This article, with its six full page illustrations, presented matter entirely new in the world's medical literature. Formerly the surgeon amputated the whole gland, no matter what the pathology and this was better than allowing disease often malignant, to progress. Dr. Manley is demonstrating to the profession that the mammary gland has a function to perform, that accurate diagnosis of pathological conditions can be made and that frequently it is only necessary to remove the small diseased area. His plea is for the performance of necessary surgery,

but the conservative saving of healthy structure—the ideal surgery.

It is with pleasure that we present Dr. Manley's article on the Mamma, in this issue, which with the original illustrations, adds to our knowledge of the subject. Dr. Manley's contributions to the Recorder during the past year have been appreciated by its readers, who will be glad to know that he will contribute to its pages during the next year.

PRACTICAL SURGERY.

This is an age of surgery. The most successful practitioner must be versed in surgery. While the general practitioner, with limited experience in certain lines of surgery and without proper conveniences, cannot well do all kinds of surgery, yet there is a large amount of surgery that he can do successfully. It is to supply a working knowledge of this practical surgery that we publish the articles each month by Dr. Charles C. Miller, of Chicago. These articles will continue through 1905 and will be a valuable feature of next year's volume. The illustrations accompanying the articles are made especially for the Recorder and often in themselves tell the whole story. These illustrations cannot be found in any text-book on surgery or in any other journal. Dr. Miller is giving us the benefit of his large clinical experience.

BOOK REVIEWS.

There are several ways of writing book reviews. It has always been our aim to give our readers an idea of what a new book contains and, whenever possible, to quote short extracts presenting valuable and useful matter. We have in this way called attention to many gems of medical literature. We have recently added a new feature of giving portaits and biographical notes about the authors. Of course we cannot do this with all the review notices but we shall as much as possible. The Doctors' Library during 1905 will be an interesting feature of this magazine, well worth reading.

Since writing the above we have received a letter from a well known medical author commending our book reviews from which we quote:

"Your review does what a review should do—it tells the reader what is in the book and gives them an idea what it is like, as well as it expresses the reviewer's opinion as to whether the task of the author is well or ill done. The reader can then judge what kind of book it is and whether he wants it."

MALPRACTICE.

Any physician, no matter how careful he may be, may at some time be confronted by a malpractice suit. Recently a suit against Drs. T. W. Nuzum and J. L. Sutherland, of Brodhead, Wis., resulted in a verdict of $10,000 in the circuit court. If this judgment is not altered by the higher court it will doubtless be followed by other such suits in Wisconsin, and not only in Wisconsin but other states, as the amount is large enough to encourage lawyers to work up such cases on the divide-up plan. Physicians should stand together in discouraging and defending malpractice suits. This recent suit emphasizes the necessity of a defense contract such as issued by the Physicians' Defense Company, of Fort Wayne, Ind.

The preferred stock in a manufacturing establishment which we offer for sale, is an unusual chance for safe investment.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

APPENDICITIS AND OTHER DISEASES ABOUT THE APPENDIX.—By Bayard Holmes, B. S., M. D., Professor of Surgery in the University of Illinois, Professor of Clinical Surgery in the American Medical Missionary College, Chicago; Surgeon to the Chicago Baptist Hospital. Pages, 368. Illustrated. Boards. Price, $2.00. D. Appleton & Co., 436 Fifth Ave., New York, and 203 Michigan Ave., Chicago.

BAYARD HOLMES, M. D.

This book is a portion of the author's work on the Surgery of the Abdomen. Dr. Holmes has been earnestly and carefully working in the domain of surgery, in Chicago, for the last twenty years until he has attained a leading position as a surgeon and has acquired his reputation by conscientious work and not by newspaper notoriety. The profession is now profiting from his large experience by the works on surgery he is now writing.

He begins the preface of this book by saying: "The following pages contain the author's experience as corrected by the experience of other operators in the surgery of the most mournfully interesting and unique structure of the body. This little retrogressive organ is responsible for an unusual death rate among young and vigorous adults, and it breeds for others a series of nutritional and nervous disorders which makes it worthy the consideration of every practicing physician."

In the surgery of the abdomen Dr. Holmes finds the most striking illustration of the progress of surgery and surgical pathology during the present pathologic era. In beginning the book he gives a brief historical review of antiseptic treatment and the development of modern surgery. The pathology, symptomatology and treatment of appendicitis are clearly presented.

Each topic is illustrated by abundant clinical reports, which are introduced in order to make the presentation as vivid and lasting as possible. The work is largely based upon the author's experience, especially in diagnosis and indications for treatment. It presents the unclouded picture of the disease with all its threatening possibilities, and shows in an orderly and logical manner the attitude of the physician toward the first and each subsequent manifestation of the disease. It puts before him the dangers which threaten the patient, and calls attention to the errors into which the attending physician is likely to be led.

The author's conclusion to the work gives briefly his views in unmistakable words. He says: "Every case of appendicitis is a case for appendicectomy. The acute cases should be operated upon at once, the chronic cases as soon as the surroundings can be secured. Ideal appendicectomy ought not to re-

quire an incision longer than an inch in the thin and an inch and a half in the fat patient; it ought not to require more than fifteen minutes of general anesthesia nor more than four or five days in the hospital and away from work or business. * * * The dangers of ideal appendicectomy are confined almost entirely to the anesthesia, and they are immeasurably small or dependent upon irremediable diseases outside the appendix.

"The dangers, the distress, and the expense of a hampered case of appendicitis cannot be foretold or estimated, and the far-reaching consequences of chronic infection are calamitous and insidious."

The other subjects discussed in the volume are: Peritonitis, intussusception, perforated typhoid ulcer and carcinoma of intestinal tract.

The volume contains 39 illustrations and 8 colored plates. The colored plates are beautifully printed and clearly depict the subjects. The book is bound in paper board covers, so that the present edition can be sold at the reasonable price. Any practitioner wishing an exhaustive, up-to-date, interesting and practical treatise on appendicitis will find this work satisfactory.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelley, A. M., M. D., Philadelphia. Vol. III, Fourteenth Series. Pages 302. Illustrated. Price, Cloth, $2 Net. J. B. Lippincott Co., Philadelphia.

This issue of this valuable work contains a symposium of 123 pages on syphilis, which in itself is well worth the price of the book as it presents the latest and best knowledge on the subject. Syphilis constantly manifests itself in so many forms and often when least suspected, that the physician cannot be too familiar with the diagnosis and treatment of the terrible disease. The articles in this symposium are: "Uncertainty as to Syphilitic Inoculation," by Campbell Williams, F. R. C. S., of London, Eng.; "The Differential Diagnosis of Syphilitic Eruptions," by A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis; "Syphilitic Fever," by G. Carriere, M. D., of Lille University, France; "Syphilitic Headache and Lumbar Puncture," by G. Milian, M. D., of Paris; "Syphilis of the Nervous System," by Wm. G. Spiller, M. D., of Philadelphia; "Laryngeal Syphilis and Tabes," by A. Chauffard, M. D., of Paris; "Syphilitic Nephritis," by Drs. Chauffard and Gourand, of Paris; "Foetal Syphilis," by J. W. Ballantyne, M. D., F. R. C. P., of Edinburgh; "Syphilis and Suicide," by Alfred Fournier, M. D., of Paris; "The Treatment of Chancre," by Thos. B. Neilson, M. D., of Philadelphia; "The Hypodermatic Treatment of Syphilis," by W. S. Gottheil, M. D., of New York City; "The Treatment of Syphilis by Calomel Injections," by Alfred Fournier, of Paris. These articles are illustrated with 24 full-page plates, one colored.

The leading article in surgery is an exhaustive one on "Umbilical Hernia in the Female," by Thos. H. Manley, M. D., Ph. D., of New York City. The article is a good one and is well illustrated. Some other good articles are: "Paralysi Agitans," by F. W. Langdon, M. D., of Cincinnatti; "Diseases

of the Liver," by L. F. Bishop, A. M., M. D., of New York City; "Treatment of Diabetes Mellitus," by T. S. Hart, A. M., M. D., of New York City. As usual with these volumes this one is solid meat, well presented, well illustrated and well printed.

The Practical Medicine Series of Year Books. Comprising Ten Volumes, on the Year's Progress in Medicine and Surgery, Issued Monthly Under the General Editorial Charge of Gustavus P. Head, M. D., Prof. of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. IX. Physiology, Pathology, Bacteriology, Anatomy, Dictionary. Pages, 228. Cloth. Price, $1.00. Price of the Ten Volumes, $5.50 in advance. The Year Book Publishers, 40 Dearborn St., Chicago.

The section on Anatomy and Pathology is by W. A. Evans, M. S., M. D., Professor of Pathology, College of Physicians and Surgeons, Chicago. The new developments in anatomy are given, notably Dr. Byron Robinson's original work on the anatomy of the ureters and of the pancreas. A summary of the year's work in pathology is given, especial attention being given to tropical diseases. Our new possessions and the Panama canal make these diseases of especial interest in this country.

The section on Physiology and Bacteriology is by Adolph Gehrmann, M. D., Professor of Bacteriology in the College of Physicians and Surgeons, Chicago. This summary shows that a great deal of hard work has been done during the year in bacteriology.

The Dictionary of New Medical Words, by Wm. Healy, A. B., M. D., is a valuable feature of the book. 180 new words have been added to our vocabulary according to this dictionary.

How to Attract and Hold an Audience. A Popular Treatise on the Nature, Preparation and Delivery of Public Discourse, by J. Berg Esenweiss, A. M., Lit. D., Professor of English Language and Literature in the Pennsylvania Military College. Pages, 272. Cloth, $1.00. Hinds, Noble and Eldredge, 31-35 West 15th St., New York City.

Everyone who is likely ever to have any occasion in committee, or in public, to enlist the interest, to attract and hold the attention of one or more hearers, and convince them—every person who ever has to, or is likely to have to "speak" to one or more listeners, will find in this new book a clear, concise, complete handbook which will enable him to succeed! Thorough, concise, methodical, replete with common sense, complete—these words describe fitly this book. The book is suggestive and practical and will be helpful whenever a public address is prepared. It has four appendices upon the following subjects: "Outlines of 15 Model Orations," "Extracts from 16 Famous Orations," "100 Subjects, with Brief Hints for Treatment," "100 Additional Subjects, without Hints."

BOOK NOTES.

H. A. Parkyn, M. D., Editor of Suggestion, has commenced a series of articles in his magazine entitled "Suggestion, the Basic Principle in Christian Science Healing." These articles promise to be the best thing yet written on the subject. The first one is in December Suggestion which may be obtained by addressing 4074 Drexel Boulevard, Chicago.

The Physician's Visiting List for 1905, has been issued. This is the fifty-fourth year of the publication of this physician's list, so it must be popular with the physicians. In addition to

record of visits, the book contains chapters on Incompatibility, Poisoning, Asphyxia and Apnea, Dose Table and other valuable tables. It is a compact and simple record book. The book is substantially bound in leather, arranged for 25 patients per day or week at $1.00; for 50 patients, $1.25. It is published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

McClure's Magazine for December fairly radiates the spirit of Christmas. Leading articles are: "The Rise of the Tailors" by Ray Stannard Baker. "The Increase of Lawlessness in the United States," by S. S. McClure. John LaFarge continues his discussion of the Masterpieces of Painting under the alluring head of "Allegories."

The December issue of Everybody's Magazine will certainly attract attention, not only because of the sensational interest of its instalment of Thomas W. Lawson's "Frenzied Finance," but through the distinction and excellence of its general contents and the beauty of its illustrations. Some of the best writers before the public are represented within its covers.

The leading article in December "Success Magazine," is "The Ever-Living Fairy-lore of Christmastide," by Richard Le Gallienne, recalls to us the magical tales that delighted our childhood fancy. Alfred Henry Lewis contributes a splendid article on "Men Who Have Matched Opportunity." An interesting sidelight is thrown on the prominent newspaper correspondents at our capital by C. Arthur Williams.

For $2.20 we send Success, The Cosmopolitan, Wisconsin Medical Recorder, all one year, and 1,000 premium labels.

We have received the 1905 edition of the Physician's Pocket Account Book, by Dr. J. J. Taylor, published by the Medical Council, 4105 Walnut St., Philadelphia. It is a neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain legal language, and require no posting or further attention. The book contains obstetric, vaccination and death records and cash accounts. The book is 4 1-4x6 1-4 inches, containing over 200 pages. Price, bound in leather, $1.00.

The Christmas issue of The Metropolitan Magazine contains illustrations in color by a number of the best-known artists who draw for the magazines. A charming paper by John Corbin entitled "A Boy's Eye-View of the Circus" is illustrated in full color by Jules Guerin. "Garou the Cast," a $500 prize story by W. A. Frazer, is illustrated in color by Charles Livingston Bull, whose work is too well known to need comment. Charles G. D. Roberts in "The Terror of the Air" has done a little masterpiece in describing the pursuit of a wild duck by an Arctic goshawk.

Strikingly appropriate to the election season is the novelette in the Christmas number of Lippincott's Magazine. Its author is Alden March, one of the editors of the Philadelphia Press, and its title is "A Darling Traitor." It is predicted that "A Darling Traitor" will appear on the stage before long. General King leads the shorter fiction with one of his inimitable Indian war stories, called "The Boy that Couldn't Stand Fire." A charming Christmas story by Phoebe Lyde is "The Abbot of Bon-Accord." A momentous paper on "The Regular and the Savage" is written by a Lieutenant L. B., United States Army, in the Philippines. This is so radical as to be likely to provoke both confirmation and denial. Much of the verse breathes the Christmas spirit.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are published in this department. Queries as to Alkaloidal Treatment of Diseases which are addressed to this department will be answered in the next issue. If an answer is desired by mail a stamped envelope should be enclosed with the query. We trust that this department may prove of assistance to many who are new to Alkaloidal methods.

CALCIUM IODIZED — BROWN IODIDE OF LIME.

By R. J. Smith, M. D., Smithfield, Utah.

A seasonable suggestion is never out of place and especially so, I think you will agree, in such anxiety-begetting diseases as croup and croupous conditions. This suggestion has perhaps nothing new in it, it is simply a reiteration of a good thing—the efficiency of calcium iodized in croup.

That there are two distinct diseases, one local, non-contagious, affecting children only, no sequelae, rapid recovery; the other constitutional, very contagious, affecting adults as well, with neuritis and paralyses as sequelae: the one, true membranous croup, the other laryngeal diphtheria, so-called diphtheritic croup, is hardly to be denied. It is true that of late years the latter type certainly predominates, but there are cases not so rarely met with of true croup. In this matter, calcium iodized or calcidin—Abbott—is a true specific. Reports from practicians of all schools prove this beyond doubt. Such unanimity of thought in the medical profession can only result from belief in a general truth. Calcidin is a necessity of practice and should be in the pocket-case of every practician. These croupous conditions arise suddenly and call for, demand quick relief if we would save our little patients.

In giving calcidin in acute conditions, dissolve one or more tablets gr. 1-3 in each teaspoonful of hot water and give every ten minutes until relief. It is not poisonous but in some cases may produce vomiting, a result salutary rather than otherwise, as during the vomiting so induced, the membrane is usually thrown off, with immediate relief of all symptoms. It will be advisable to continue calcidin for a few days to prevent recurrence. In spasmodic croup, even though the attack may be relieved by antispasmodics, it is advisable to give calcidin to remove the congestion generally present, and the consequent hoarseness.

In acute laryngitis, given early, it will cut short the attack. In hoarseness of adults, this remedy is usually all that is needed. Aconitine may be given if fever is present.

In dry bronchitis, "cold on the chest," coryza, calcidin will prove very beneficial. Given over a period of time, it will lessen the tendency to take cold easily.

In catarrhal bronchitis, "capillary bronchitis," give with aconitine according to Shaller's rule, 1 granule (1-134 grain) for every year of child's age with one for the glass, in 24 teaspoonfuls of water, preferably hot, repeating the dose of one teaspoonful every fifteen minutes to a half hour until some relief is obtained, then less often. In these cases, quick relief is obtained. The air should be kept moist with steam, the temperature constant, the chest enveloped in a jacket of antiphlogistine.

This remedy is of great benefit in the early stage of pneumonia of infants; in coryza, "snuffles," also, it is useful and will benefit all cases.

Calcidin acts through the contained iodine held in combination with the calcium, but with a great excess of molecular iodine. It is the most readily assimilable form in which iodine can be given . It is non-irritant, non-poisonous, and can be given freely with no fear of bad results. It is indicated wherever iodine is indicated,

but finds its greatest usefulness in croup. It is so certain in action, so uniform in results, that there is every satisfaction in using it. The practician ignorant of its great value, the one who insists on remaining ignorant of it, alike miss one of the greatest pleasures in the practice of his profession—that of giving rapid and complete relief in a class of cases the most trying to be met with in practice. Then he misses a most influential means of increasing his practice, a means not to be despised in this commercial age. A grateful mother is your best advertiser. Try it and convince yourselves. Use the right thing. Do no waste your time nor endanger the life of your patient by using any iodide of lime. The iodide is inert.

Calcium liodized—calcidin—Abbott, is the only form of any use whatever. Use it in croup, true and false; in all croupous conditions; in all conditions where iodine is indicated. It will give you confidence, and confidence is woefully lacking in the practice of many physicians when it comes to belief in the remedial effect of drugs.

A good thing is good always.

The jury of awards of the Louisiana Purchase exposition has just awarded the Illinois state board of health a gold medal on the exhibit of the board in the section of hygiene in the palace of education. The exhibit consists chiefly of maps and charts showing the prevalence of tuberculosis and other dangerously communicable disease in the state, and the death rates from all diseases; circulars on preventable diseases published by the state board for general distribution, publications and reports on the investigations of the water supplies of the Illinois river and its tributaries, and reports on the investigations of the effects of the Chicago drainage canal.

Modern Therapeutics.

A "GOOD ALL 'ROUND" REMEDY.

A post-graduate, keen with ambition after his inspiriting hospital year, exhibited with pardonable pride to his old medical friend and tutor his new, beautiful and complete armamentarium. His old friend, gray-haired and bent with the weight of years and experience, looked at the display with a lurking smile and an occasional "h'm, h'm," denoted his interest and the recollection of a half century ago when his own enthusiasm over medical detail was quite equal to his friends.

"Well, my boy, goin' to need 'em all?"

"Why, certainly, when occasion arises. Do you not consider this sufficient for the present?"

"Well, look at my needs," and he showed a battered case with evidence of use limited to about a half score of articles. "When you get older you'll settle down to a few good 'all 'round remedies' as meeting all your needs, just like the rest of us." After all, the old doctor's statement was not only rational but in the light of newer physiology and diagnosis, it was scientific. How many of the pharmacals used in practice are strictly physiological—not including toxins which certainly are not in harmony with natural processes. The observing clinician is early convinced that practical therapeutics should be limited by efforts to "assist the course of nature." In other words, to relieving the physiological functions of somatic life, when the cure is a matter of course, and a natural one, not disguised by toxic artificially. The natural somatic functions are the only true factors in therapeutic success. Outside of micropathic caus-

es there is not a morbid systemic state or disease which cannot be shown to have resulted from some inhibited or disordered vital process, and with a plain indication for restoration of the function. The only allowable exceptions are those morbid states caused by extrinsic forces or toxins. The trend of therapy is toward a simpler classification, as a natural result of displacement of complex theories by demonstrations of science in the nature of vital processes. To fully illustrate this dogma would require a treatise on physiology, but a few well known diseases may suffice here. Hutchinson has recently declared that diabetes is a suspension of sugar anabolism; that function of chemical change toward nutrition of tissue cells is either exhausted or inhibited; that the sugar irritates the blood, the tissues, the nerves, and is excreted by the kidneys (glycosuria.) As a fact, it accounts for all the marked symptoms. Anemia is a fault of iron metabolism, either in its constructive or destructive phase (anabolism or katabolism). Restore the hemogenetic or hemolytic functions which are awry, and anemia will disappear physiologically, or in a natural manner. Rheumatism and gout are recognized diseases of destructive metabolism (katabolism). The proteids worn out fail to reach the end-products —uric acid, being checked in the alloxuric bases. And so the list may be continued from a common "cold," to acromegaly. Even infections (toxic) micro-organisms are harmless if the blood is healthy; that is, when the normal phagocytic standard is maintained, or in the language of Ehrlich when the side-chain "receptors" are adequate to meet and "fix" the micropathic toxin.

One of the most significant and notable improvements in this direction is the ferment product known as "bioplasm" so rapidly growing in favor. It is an "oxidation ferment." Its clinical status is permanent as a physiological remedy, and obviously for disordered or deficient metabolism. Oxygenation and oxidation may either or both be deficient, a fault equally remediable with bioplasm. Hence, it is proving its claim to be a "good all 'round" remedy. The following exerpt from a recent letter illustrates the view of it:

"Dear Doctor: I have used bioplasm in 52 cases within the last six months, and in not a single case have I failed to get beneficial—exceptional —results from the start. Mrs. P.—— (you know how hopeless), after taking 6 bottle has gained 14 pounds, cough has ceased, and other symptoms equally improved. My sister-in-law gained 1½ pounds on one bottle and has little cough, all symptoms alleviated. Her brother, in whom improvement cannot be reasonably expected, is much better and progressing.

"V—— S——."

This is a remarkable record and must be unusual even with this remedy. If it averages half as good it will still deserve a claim as a "good all 'round" remedy, and will be a potent factor in the advancement of therapy.

NASO-PHARYNGEAL CATARRH

By Edmond John Melville, M. D., C. M., Bakersville, Vt.

There is no disease that the general practitioner of the New England states is called upon to treat more frequently than catarrh.

In the treatment of this disease I usually follow these lines: Have your patient take a hot mustard foot bath, followed by a hot pack, where practicable, administer a saline laxative and a Dover's powder and put the patient to bed between warm sheets and keep him there for at least twelve hours. In conjunction with the above I have made it a

routine practice to prescribe glyco-thymoline, used in the K. & O. nasal douche every two hours, diluted one to four in warm water. This bland solution remains in contact with the mucous membrane for a considerable period of time on account of its oily consistency and relieves inflammation by exosmosis, depleting engorgements rapidly. The above treatment followed out faithfully and well by physician and patient will cure the severest case of acute naso-pharyngeal catarrh in twenty-four hours. This means in a great many cases the breaking up of an incipient case of la grippe, bronchitis, or even pneumonia, as we all know the tendency of acute inflammation of the mucous membranes to extend to adjacent structures by contiguity of tissue. All of my patients who are at all susceptible to colds are now equipped with a supply of glyco-thymoline and a K. & O. nasal douche, with instructions to begin its use upon the first symptom of a naso-pharyngitis coming on. To conclude I give the clinical histories of the following cases:

Case 1. Miss W. B., aged 18, Swanton, Vt., consulted me for relief of an ulcer of septum of nose. Family history bad; mother died two years previous of tuberculosis; ulcer as large as a bean was situated three-quarters of an inch from anterior nares and had eaten clear through septum. Started two years before as an ordinary naso-pharyngitis and had gradually developed with many acute attacks until the whole mucous membrane of the upper air passages was turgid and bled easily. Had irregular treatment for catarrh and ulcer and had been cauterized several times. After these applications it gradually increased in size, therefore I determined to use healing measures instead. After cleansing nares with glyco-thymoline and warm water, one to four, packed ulcer with sterilized gauze saturated with clear glyco-thymoline and changed packing daily. Prescribed throat gargle of same solution reduced with an equal part of hot water. Result was prompt and in three weeks she had improved so much that she returned to her home and continued the treatment herself. Two months afterwards the ulcer was completely healed and has remained so ever since.

Case 2. Mr. E. H. H., aged 20, school teacher. Family history good. Gave history of subacute naso-pharyngitis lasting over ten years and gradually increasnig in severity until for past two years his condition was almost intolerable. Nasal cavities much more capacious than usual, the fossae of Rosenmuller were almost obliterated from excessive infiltration, and lumps of muco-purulent discharge studded the vault of the naso-pharynx. His sense of smell and taste were almost gone, he had full frontal headache, constipated bowels, a sallow complexion and nearly complete aporexia. Advised plenty of fresh air and exercise, frequent cold bathing with sea salt to encourage the functions of the skin and a good generous diet. Internally gave iodide of iron in 30 minim doses and bichloride of mercury 1-50 gr. t. i. d., locally to stimulate the superficial vessels and encourage resolution of the suppurating areas. I directed him to cleanse the cavities thoroughly with glyco-thymoline used in the K. & O. nasal douche. Also put pledgets of cotton soaked with the same solution into the anterior nares to stimulate healthy granulations. I used the glyco-thymoline on account of the solvent property of the liquid which tended to remove the crusts and muco-purulent discharge. It also relieved the engorgement of the blood vessels, thereby relieving the infiltration of the sub-epithelial layer of the olfactory area. Glyco-thymoline is also the ideal deodorizer and disinfectant and possesses antiseptic and stimulating properties. Despite the fact

that Mr. H. was discouraged with medical treatment of all kinds and consequently did not follow out directions as faithfully as I might wish, his gain was noticeable and in a few weeks stimulated by the prospect of even slight amelioration of his misery, he become regular in his habits and later became very enthusiastic regarding the treatment. In a year he was practically well. The sense of smell and taste returned, he fattened rapidly and when last I saw him in June, 1900, the mucous membrane of the naso-pharynx was free from any trace of his former disease.

EVERY PHYSICIAN KNOWS.

In the North American Practitioner, under the head of "Intestinal Antiseptics," reported by Dr. Pettingill of New York City, we find some excellent experiences and from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking in knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may continue, namely: the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'antikamnia & salol tablets' containing 2½ grs., each of antikamnia and of salol and the dose of which is oen or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the uric acid and clears it up. This remedy is a reliable one in the treatment of diarrhoea, entero colitis, dysentery, etc. In dysentery, where there are bloody slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

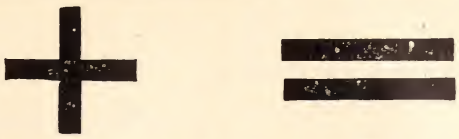
ELONGATION OF THE UVULA.

As a gargle in sore throat or elongation of the uvula, Kennedy's dark pinus canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

I have prescribed sanmetto quite extensively in the last ten or twelve years, and I must say I like the remedy very much in all forms of genito-urinary troubles. I can find no substitute for sanmetto in either acute or chronic prostatitis, cystitis and nephritis. I am not in the habit of giving testimony to proprietary remedies, but I must confess my faith in sanmetto and shall continue to prescribe it as long as it gives results.

J. C. Dreher, M. D.
Plainwell, Mich.

Before you put in an X-ray or ultra-violet outfit be sure to write to Swett and Lewis Co., 18 Boylston St., Boston, Mass.



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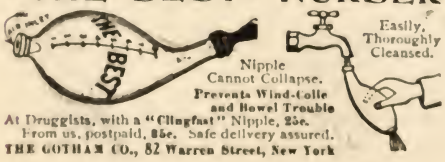

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